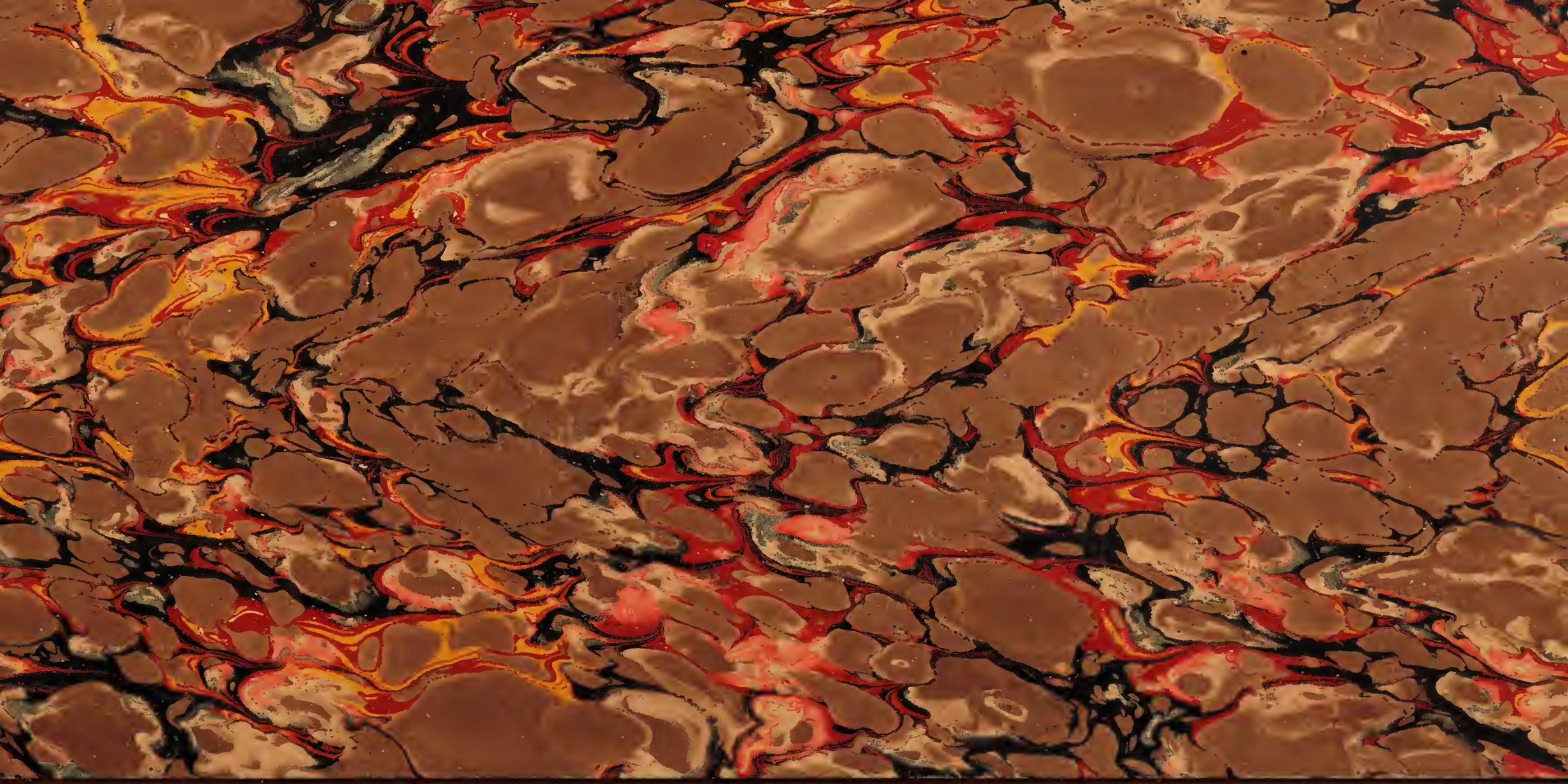

W. Thackeray.

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ELEMENTS

OF THE

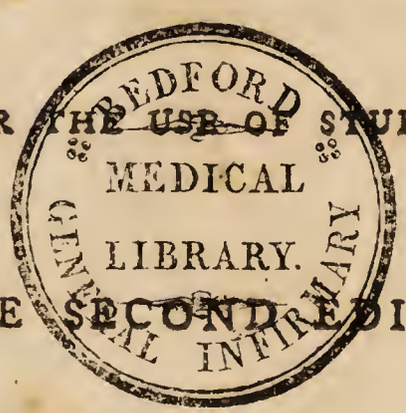
PRACTICE

OF

PHYSIC.

By JOHN GREGORY, M. D.

Professor of the PRACTICE of PHYSIC in the University of Edinburgh.



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MDCCLXXIV.

ELEMENTS

OF THE

PRACTICE

OF

PHYSIC.

ADVERTISEMENT.

This Work was originally intended as a Syllabus for the Courſe of Lectures which the Author gave on the Practice of Phyſic. He meant to have comprehended in it all the Diſeaſes which he uſually treated of in that Courſe. But not having time to finiſh the whole, he was obliged to ſtop at the End of the Febrile Diſeaſes; in hopes of being able to finiſh the remainder in a ſhort time. His Death, which happened ſoon after the firſt Publication of this Work, prevented the Completion of his Deſign.

The Editor muſt therefore again offer this Work to the Public in its original imperfect State, encouraged thereto by the very favourable Reception the firſt Edition met with, and the great Demand there has been for it ſince that Edition was ſold off.

PRACTICE OF PHYSIC.

Of the Arrangement of Diseases.

1. THE practice of physic treats of the history of particular diseases, and of the method of curing them.

2. Diseases may be arranged, upon the same general principles with the subjects of natural history, into classes, orders, genera, species, and varieties.

3. On whatever principle the arrangement proceeds, of similarity of symptoms, of predisponent, of occasional, of proximate

cauſes, &c. we ought, as far as poſſible, ſtrictly to adhere to that principle, and, whenever we depart from it, the reaſon of the deviation ought to be pointed out.

4. Though every mode of claſſing diſeaſes has its own peculiar advantages, yet the moſt convenient and practicable ſyſtematic arrangement proceeds upon the ſimilarity of ſymptoms. Even this is attended with many unavoidable difficulties, ariſing from the frequent uncertainty of the diagnoſtic ſymptoms of diſeaſes, from the want of permanency in the ſymptoms themſelves, and from the frequent complication of diſeaſes with one another.

5. Notwithſtanding the difficulties attending this ſubject, it highly deſerves to be proſecuted, as does every attempt that tends to diſcriminate diſeaſes more exactly, and to facilitate the conſulting and comparing of authors who have deſcribed particular diſeaſes.

6. As

6. As the generical character of a diſeaſe, which ought likewiſe to include the character of the claſs and order, muſt apply to all the ſpecies and varieties, it follows, that, if the definitions of the genera of diſeaſes conſiſt of few ſymptoms, the ſpecies included under theſe genera muſt be numerous; but, if the definitions of the genera conſiſt of many ſymptoms, the number of the genera muſt be great, and that of the ſpecies proportionably ſmall. This general principle applies equally to the characters of claſſes and orders.

7. The names given to diſeaſes are ſuppoſed to refer only to a certain combination of ſymptoms; but ſometimes they are tacitly underſtood to denote a certain morbid ſtate of the ſyſtem producing theſe ſymptoms. This ambiguity is often the ſource of much confuſion and altercation.

8. In an arrangement formed upon ſimilarity of ſymptoms, there is very ſeldom the leaſt real or natural affinity between the or-

ders which form the claſſes. There is ſeldom any affinity even between the genera of the ſame order. Hence the ſtudy of the ſpecies and varieties of the different genera is of moſt uſe in practice.

9. As the intention of this Synopſis is only to give the outlines of the hiſtory and method of cure, of ſuch a number of the more conſiderable diſeaſes as can be fully treated of in one year's courſe of Lectures, a general ſyſtematic arrangement of diſeaſes is not attempted.

FEBRILE DISEASES.

10. The term Fever is uſed by authors in different ſenſes; ſome applying it to one combination of ſymptoms, others to a different combination. The ſymptoms moſt generally preſent in all diſeaſes, uſually reckoned febrile, though in very different degrees, are, frequency of pulſe, heat, a debility affecting the limbs, and a failure of ſome

of the functions. From theſe Fever may be defined.

11. The other ſymptoms commonly attendant on Fever, are, loſs of appetite, nauſea, thirſt, anxiety, laſſitude, quick waſting of the fat, irregular determinations of the blood and nervous power, want of ſleep, or the ſleep diſturbed, and not refreſhing. A ſenſation of coldneſs with trembling, ſucceeded by a hot fit, is one of the moſt frequent ſymptoms in the beginning of fevers, from whence their commencement is generally reckoned. But this ſymptom is ſometimes wanting, is often inconſiderable, irregular in its return; and the violence of the ſucceeding heat, and other ſymptoms, are not in proportion to it.

12. Fevers are diſtinguiſhed into

1. Intermittent; where there is a perfect apyrexia between the paroxyſms.

2. Continued; which proceed without any exacerbation and remiſſion of the ſymptoms,

at leaſt, without any that are remarkable and regular.

3. Remittents; where there is a diſtinct remiſſion of the ſymptoms at regular periods, though without any perfect apyrexia.

4. Fevers attended with a cutaneous eruption; Exanthematous.

5. Fevers diſtinguiſhed by topical affection, particularly pain, and proceeding from topical inflammation; Phlegmaſiae.

13. A ſudden favourable termination of a fever, uſually called a Criſis, happens moſt frequently in conſequence of ſome ſenſible evacuation, cutaneous eruption, or ſuppuration. Sometimes the fever gradually abates, without any ſuch ſenſible criſis, ſometimes changes into another diſeaſe.

14. The criſes of fevers have been often obſerved to happen on particular days, (reckoning from the invaſion of the fever); thence called Critical days.

15. The

15. The exacerbations and remiſſions of fevers often return at regular periods. In particular, there is uſually an exacerbation about midnight, and a remiſſion of the ſymptoms towards morning.

16. The periods and criſes of fevers are varied by the nature of the fever, and by many other circumſtances. In general, they are more regular in temperate and warm climates, where the weather is leſs changeable, where little is done to diſturb the operations of nature in the courſe of the fever, and perhaps, in moſt fevers ariſing from miaſmata or contagion.

17. The circumſtances that indicate danger in fevers are,

1. Symptoms of putreſcency; as foetor of the breath, ſtools, urine, and other excretions; brown, blackiſh aphthae; cadaverous ſmell, petechiae; blood, when drawn, of a looſe texture, and ſoon turning putrid; haemorrhages; along with theſe ſymptoms, diſpoſition

poſition of the ſkin, wherever it has been hurt, to gangrene.

2. Symptoms that indicate great depreſſion or irregular action of the nervous power, whether from the morbid cauſe acting ſtrongly upon it, or from topical affection of the brain, delirium, coma, or total want of ſleep, *ſubſultus tendinum*, tremulous motion of the hands, inability to put out the tongue, convulſions, weak irregular frequent pulſe, or very ſlow pulſe with ſymptoms of an oppreſſed brain; very quick or very ſlow breathing, inſenſibility to light, and all other ſtimuli; (deafneſs is generally an exception;) the various ſecretions either ſtopped, or colliquative evacuations, involuntary paſſing of ſtools and urine, ſudden change of the urine from high coloured to limpid, without any apparent cauſe; exceſſive viſcidity of the ſecretions, particularly in the *membrana Schneideriana*.

3. Symptoms of debility from real failure of the *vis vitae*, feeble pulſe, fainting on the leaſt motion, feeble voice, change of voice,

or loſs of voice; laborious breathing, without any previous topical affection in the breaſt; breathing quickened on the leaſt motion; lying on the back, with the limbs ſtretched out; coldneſs of the extremities; cold viſcid ſweats; remarkable change of the countenance; Hippocratic face; loſs of the luſtre of the eye; fixed ſtate of the eyes; the eye half cloſed, and the eye-ball turned up; double viſion; indiſtinct viſion; blindneſs; loſs of deglutition. Theſe generally preſage the approach of death.

4. Topical affection, viz. Inflammation, ſuppuration, gangrene, effuſion, &c. in any of the organs eſſential to life.

18. The moſt general occaſional cauſes of fever are,

1. Miaſmata.
2. Contagion.
3. Errors in diet.
4. Violent emotions of mind.
5. Suppreſſion of uſual evacuations.
6. Improper applications of heat and cold.

7. A certain ſtate of the air which produces epidemical fevers from cauſes not always aſcertained.

8. Stimuli from external applications or injuries.

9. Internal ſtimuli from inflammation, ſuppuration, &c.

19. The ſymptoms of the different orders and genera of fevers, their prediſponent and occaſional cauſes, the ſtate of the fluids, and their method of cure, are ſo different, that it ſeems impoſſible to aſſign any general proximate cauſe of the claſs, but what is ſo indefinite as not to admit of any application to practice. Different and oppoſite effects cannot proceed from the ſame proximate cauſe, in the proper ſenſe of that word. If an aſſigned cauſe occurs frequently without the effect following it, or if the effect occurs frequently without the cauſe preceding it, and if the effect is not in proportion to the cauſe, ſuch a cauſe can only be partial or acceſſory.

20. From whence ariſe the particular ſymptoms of debility, coldneſs, frequency of pulſe, heat, &c. (mentioned. a. 11.) and how far are they connected as cauſes and effects? There are many words that often occur in ſuch an inquiry, whoſe meanings are ambiguous; ſometimes denoting a plain fact obvious to the ſenſes, ſometimes a ſuppoſed latent cauſe; ſuch as debility, ſpaſm, tenſion, &c. The preciſe ſenſe in which ſuch words are uſed ſhould always be ſpecified, where there is any probability of miſtaking it.

21. In what manner is a fever cured by a critical evacuation? Are there any direct proofs of the diſcharged matter being morbid? On what principle does the regularity of the critical days depend? Whence ariſe the deviations from this regularity? What meaning is to be affixed to the word Coction in fevers?

22. The firſt queſtion, in regard to the treatment of fevers, is, Whether it is proper

in

in all caſes to remove them, as ſome fevers prove a cure for worſe diſeaſes? 2dly, If no ſuch previous diſeaſe ſubſiſted, is a fever always to be conſidered as an effort of nature to remove ſomething hurtful to the conſtitution; and, in conſequence of this, is it a phyſician's buſineſs only to regulate theſe efforts, by aſſiſting them when too feeble, and reſtraining them when too violent? It is indiſputable, that nature does generally make efforts in fevers to relieve the patient, and often ſucceſsfully; but the queſtion is, Whether the fever itſelf is to be conſidered as ſuch an effort, and in what caſes it may be proper to attempt the cure of fevers by extinguiſhing them as ſoon as poſſible, as is now almoſt univerſally practiſed in intermittent fevers?

23. There ſeems to be no doubt of the exiſtence of a morbid ſtate of the blood in fevers communicated by contagion, although no ſenſible change appears in it; and it may probably exiſt in other fevers: But, unleſs its

particular

particular nature could be aſcertained, no uſeful indications of cure can ariſe from ſuch a ſuppoſition.

24. Practice has been much influenced by the different hypotheſes which have prevailed concerning the nature of the morbid matter in fevers. What have been the real effects aſcertained by experience of the many different remedies preſcribed in conſequence of ſuch hypotheſes, and others relative to the mode of operation of thoſe remedies?

25. If fevers were to be treated on nature's plan, as indicated by natural inſtincts, patients would breath a cool pure air, would be indulged in cold drink, in ſitting up or lying in bed, as was moſt agreeable to them; they would not have their limbs pinioned within the bed-cloaths; would not be teazed to eat or to drink more than thirſt prompted them; and, when low and faintiſh, would be indulged in ſuch cordials as were moſt grateful to them. Till of late, the common

practice

practice in fevers was almoſt diametrically oppoſite to this in every particular; and yet phyſicians believed they were following nature.

26. Though we cannot perhaps explain the nature of the morbid changes which the fluids and nervous ſyſtem may undergo in fevers; yet we know, as facts, the exiſtence of real and apparent plethora, of febrile heat, of debility, of ſpaſm, of increaſed action of the heart and arteries, of irregular determinations of the blood and nervous power, of irregular ſecretions, of topical congeſtion, of a vitiated ſtate of the alimentary canal, and of putreſcency of the fluids. We know ſome of the cauſes and effects of theſe morbid affections. From this knowledge, from an attention to natural cravings, to the ſucceſsful efforts of nature in the cure of fevers, and from our experience of the good effects of particular remedies, though perhaps we are ſtrangers to their mode of operation, our indications

indications of cure in fevers are chiefly taken.

27. The ſymptoms of fever are ſo connected, that, in removing one, we often remove others, though in a manner unknown to us.

28. The great difficulty in the cure of fevers, as well as of all other diſeaſes, ariſes from contra-indications of their ſymptoms or cauſes.

29. The moſt general indications that occur in fevers, are,

1. To remove plethora, real or apparent, by bleeding, cathartics, reſtoring ſuppreſſed evacuations, abſtinence, low diet.

2. To diminiſh the increaſed impetus of the blood's motion, by the proper uſe of ſedatives and the antiphlogiſtic regimen, which conſiſts in, *a*. The remedies mentioned above; *b*. Cool aceſcent diet, abſtinence from animal food, and fermented liquor; *c*. Removing all ſtimulating cauſes, avoiding motion,

motion, light, noiſe, whatever ruffles the mind or affects it diſagreeably, and by ſtudying to ſooth it by every prudent indulgence; *d*. Proper application of cold, cold air, cold drink, allowing the patient to throw out his limbs, to be lightly clothed, and to ſit out of bed at his pleaſure.

3. To abate heat; by the remedies above-mentioned.

4. To obviate thirſt; by the ſame remedies; by emetics, by drinking *ad libitum* diluent and aceſcent liquors, and, in ſome caſes grateful fermented liquors.

5. To produce an equable determination of the blood and nervous power, and promote the obſtructed ſecretions, by whatever takes off ſpaſm, ſedative diaphoretics, gentle emetics and laxatives, warm bathing, bliſters, anodynes, and many of the remedies mentioned above.

6. To prevent or obviate the conſequences of topical congeſtion, by topical evacuations, bleeding, bliſters, and various external applications.

7. To

7. To ſupport the *vis vitae*, and ſtimulate the nervous ſyſtem when too torpid; by ſtimulants, cordials, wine, bliſters, ſinapiſms.

8. To obviate putreſcency; by antiſeptics, cool regimen, pure air, the utmoſt degree of cleanlineſs.

9. To remove occaſional cauſes.

10. To relieve particular ſymptoms, as delirium, want of ſleep, colliquative evacuations, &c.

30. Fevers are prevented,

1. By avoiding or counteracting their remote cauſes.

2. By bracing and invigorating the whole ſyſtem.

31. In all fevers, the patient ſhould breath a pure and cool air.

32. The utmoſt cleanlineſs ſhould be attended to, and the linen ſhifted as frequently as can be done without occaſioning great fatigue.

33. The patient ſhould not be ſolicited to eat or drink beyond what nature craves, nor to take any thing diſagreeable to the ſtomach either in diet or medicines, unleſs what experience has aſcertained to be uſeful for removing or mitigating the fever.

34. The mind ſhould be kept in as tranquil a ſtate as poſſible.

35. All critical and ſalutary efforts of nature ſhould be aſſiſted, and natural cravings ſhould be attended to.

36. Exerciſe in the open air, and a proper regimen, with a gentle emetic, and laxative, and temperate bathing, will often prevent the acceſſion of fevers when threatened. When is it proper to preſcribe exerciſe in the open air, and when is it proper to confine the patient to his houſe, or to his bed?

37. The circumſtances of moſt conſequence in promoting a patient's recovery from a fever, are, a ſtrict adherence to a proper regi-

men,

men, a pure mild air, exercise on horseback, or in a carriage, and sometimes the bark, steel mineral waters, and cold bathing.

INTERMITTENT FEVERS.

38. An intermittent fever is a succession of febrile paroxysms, between which there is a perfect apyrexia.

39. They are regular or irregular. In the regular, the paroxysms return at certain periods, beginning with coldness and shivering, which are succeeded by a hot fit, and terminated by sweating. In irregular intermittents, the paroxysms return at uncertain periods. The principal division of intermittents is, into quotidians, where there is an interval of twenty-four hours between the beginnings of the paroxysms; tertians, where the interval is forty-eight hours; and quartans, where it is seventy-two hours. Quintans, sextans, &c. are rare, and never epidemic. Where the paroxysms return every

day, but alternately eaſy and ſevere, it is called a double tertian. There are other ſpecies of intermittents, diſtinguiſhed by the manner in which their paroxyſms recur. There is an important diſtinction of intermittents, into vernal and autumnal. The firſt is generally attended with the ſymptoms of inflammatory fever, the latter with ſymptoms of putrid fever. As the different genera of regular intermittents are analogous in their ſymptoms, cauſes, and method of cure, I ſhall treat of them together, and occaſionally remark any circumſtance of conſequence in which they differ.

40. They are ſometimes regular from the beginning; ſometimes they begin in the form of continued fevers, which firſt remit and then intermit. Sometimes, in warm climates, if not quickly removed, they terminate in continued fevers, of the putrid kind, in which their former type is commonly obſervable, and ſometimes they change into one another. They often retain their types

with

with great regularity, in whatever manner they are treated. Do quotidians, tertians, and quartans, uſually begin at different times of the day, or can the future type be gueſſed at from the firſt paroxyſm? When the paroxyſms are ſtopped, a certain uneaſineſs is felt, for ſome time after, at the uſual hour of invaſion. Between the paroxyſms, there is commonly a languor, want of uſual appetite, yellowneſs of the eyes and complexion, and a propenſity to ſweat.

41. The paroxyſm is preceded by laſſitude, oppreſſion, and debility, yawning, drowſineſs, paleneſs of the whole body, eſpecially of the extremities, and under the nails, uneaſy ſenſation in the back and fingers, tenſion of the hypochondria, a ſmall feeble pulſe. Sometimes various other morbid affections of the nervous ſyſtem occur.

42. Symptoms of the cold fit. It begins with a ſenſation, as if cold water were poured on a particular part of the body, occaſion-

ing partial and irregular ſhiverings; theſe ſoon become univerſal, and the trembling is ſometimes exceſſive, and much beyond what it is in continued fevers; the blood veſſels on the ſurface diſappear, and the whole body ſhrinks into leſs ſpace. The ſenſation of cold is often great, when the heat of the body appears by the thermometer to be above the natural ſtandard. But does not the thermometer often ſhew a real diminution of heat? The pulſe is ſmall, weak, frequent, and irregular. Other attendant ſymptoms are, anxiety, palpitation of the heart, difficulty of breathing, cough, dryneſs and bitterneſs of the mouth, thirſt, nauſea, vomiting, often bilious, eſpecially in autumnal agues, clear urine in ſmall quantities, without any ſediment, great inſenſibility to ſtimuli of any kind, all the functions weakened and impaired. Sometimes the cold fit is wanting, and, inſtead of it, there is a violent pain in ſome particular place; coma, convulſions, aſthma, vomiting, &c. but theſe are rare. The duration of the cold fit is uncertain; it has varied from a

quarter of an hour to twelve hours. In ſome countries, old and exhauſted patients generally die in the cold fit; in others, they more generally die in the hot fit.

43. The hot fit comes on gradually, and often with alternate fits of chilline ſs and heat, and ſoon becomes more intenſe than it is ever found in continued fevers; attended with thirſt, head-ach, eyes turgid and impatient of light, fluſhing of the face and whole ſkin, delirium, and ſometimes coma, anxiety, (though leſs than in the cold fit,) breathing quick, but free, pulſe leſs frequent than in the cold fit, but full and ſtrong; high coloured urine. The ſtate of the blood drawn at this time, and at any period of the diſeaſe, is very various, and is different in vernal and autumnal intermittents. The violence of the hot fit is often in proportion to that of the cold, but not always. Its duration is uncertain; ſometimes the ſweat breaks out with the hot fit.

44. The hot fit is generally ſucceeded by a profuſe ſweat, which relieves all the febrile ſymptoms, and the urine depoſits a lateritious ſediment; which however is not peculiar to intermittent fevers, and is often not found in the firſt paroxyſm, nor in vernal agues. The paroxyſms of quartans are often not terminated by a ſweat, but a laſſitude remains, and a ſenſation as if the body had been bruiſed.

45. The duration of agues is uncertain. Vernal tertians frequently go off ſpontaneouſly at the approach of ſummer, and are always more eaſily cured at that ſeaſon. Quartans ſometimes laſt for ſeveral years; but, in ſuch caſes, the viſcera are commonly not found.

46. Intermittent fevers, eſpecially vernal tertians, are ſometimes ſalutary, and have removed a variety of nervous and rheumatic complaints, diſorders of the ſtomach, obſtructed

ſtructed viſcera, gout, gravel, and ſometimes they alternate with thoſe diſorders.

47. When they continue long, they debilitate the ſyſtem, diſſolve the blood, produce morbid affections of the alimentary canal, pains in various parts, infarctions and real enlargement of the abdominal viſcera, particularly of the liver and ſpleen, jaundice, dropſy, impaired judgment.

48. Miſcellaneous Prognoſtics.

1. Quartans are the moſt obſtinate and moſt ſubject to relapſe, though their ſymptoms are mildeſt.

2. Obſtructions of the viſcera and ſwellings of the belly ſeem of a peculiar kind in ſome tertians, and in children ; and ſometimes ſuch ſwellings are ſaid to be critical.

3. Puſtular eruptions about the mouth are ſalutary, and ſometimes a ſalivation, abſceſſes, cutaneous eruptions, and ſwelling of the legs.

4. A retardation of the paroxyſm is generally a good ſign.

5. They

5. They are moſt dangerous in warm climates, where they are apt to run ſpeedily into continued putrid fevers.

6. The longer their duration, the more difficult their cure, and the greater danger of obſtructions of the viſcera.

49. The prediſponent cauſes are,

1. Previous intermittents.

2. Debility.

3. Spring and autumn.

4. Warm climate.

5. Mobile ſyſtem.

Neither infants nor very old people are much ſubject to intermittents.

50. The occaſional cauſes are,

1. Effluvia from putrid ſtagnating water. Hence agues are endemic in flat, woody, marſhy countries, but affect ſtrangers more than the natives. Are putrid air or moiſture, applied ſingly, occaſional cauſes? In marſhy countries, where the moiſture is pure and the ſummer not cloſe and hot, mild tertians have

have been obſerved to be moſt frequent; but, if the moiſture be putrid, quotidians, double tertians, and bilious remittents of the putrid kind, are epidemic in autumn.

2. Contagion.

3. Agues are ſometimes epidemic, from cauſes not always aſcertained.

4. Endemic in ſome countries from unknown cauſes; ſometimes become common in countries where they were not formerly known;—not found in the coldeſt countries;—quartans are ſeldom ſeen in Scotland.

5. Errors in the nonnaturals, food of difficult digeſtion, exceſſive drinking, a very poor low diet, fatigue, watching, depreſſing paſſions, ſleeping in cold damp places, ſudden expoſure of the body to cold when overheated, exceſſive evacuations, ſuppreſſed natural evacuations, repelled cutaneous eruptions. Many of theſe circumſtances, however, ſeem oftener to act as prediſponent cauſes. People who have had agues are commonly much affected with eaſterly winds on the eaſt coaſt of Britain.

51. On diſſection of thoſe who have died in the cold fit, there have been found accumulations of grumous blood about the heart and lungs; and, when the diſeaſe has continued long, the abdominal viſcera have been found enlarged and diſeaſed in different ways, the inteſtines diſtended with air, and overflowing with bile: When the diſeaſe has been of ſhort continuance, the viſcera have commonly been ſound.

52. What ſtate of the ſyſtem can be ſpecified, ariſing from a concurrence of the prediſponent and occaſional cauſes, which uniformly produces the diſeaſe, or acts as its proximate cauſe? Are the ſolids morbid? Is the blood vitiated, in conſequence of viſcidity, tenuity, putreſcency, or acrimony of any kind? Is any morbid ſtate of the ſtomach, liver, or bile, aſcertained? Is the ſweat which terminates the paroxyſm poſſeſſed of any morbid quality? Does the proximate cauſe reſide in the nervous ſyſtem? In what reſpect are the ſymptoms connected as cauſes

and effects, particularly, the ſymptoms of the cold and hot fit? What is the cauſe of the regular return of the paroxyſms?

53. The proximate cauſes of the different genera of intermittents, remittents, and ſome continued fevers, ſeem to be analogous in ſome degree, from the ſimilarity of their ſymptoms, of their prediſponent and occaſional cauſes, from their changing into one another, and being cured by the ſame remedies. There ſeems likewiſe to be ſome analogy between the proximate cauſes of intermittents, and ſome diſeaſes where the nervous ſyſtem is much affected, by their ariſing from ſimilar remote cauſes, by their periodical recurrence, by their alternating with one another, and being cured by ſimilar remedies.

54. During the different ſtages of the paroxyſm, there is a greater or leſs degree of depreſſion of the nervous power, of ſpaſmodic ſtricture, and of increaſed motion of the blood.

blood. Whatever be the cauſes of theſe ſtates, or however they may be connected together, they are the immediate cauſes of many of the ſymptoms; the connection of ſome other ſymptoms with theſe does not ſeem to be aſcertained.

55. Intermittents have been cured by a variety of remedies of different and oppoſite natures; by evacuants and tonics, by ſtimulants and ſedatives, by what violently agitated the conſtitution, by ſudden and violent emotions of mind, and by ſuch things as produced no ſenſible effect.

56. If there be reaſon to expect that an intermittent may prove a cure for a worſe diſeaſe, it is proper to do nothing to ſtop the returns of the fit. The view muſt be only,

1. To moderate the violence of the ſymptoms by gentle evacuations and a cool regimen; or,

2. To ſupport the ſtrength of the patient when weak, by proper diet and cordials.

57. Except

57. Except in the caſe above, is it proper to allow the paroxyſms to go on, and for how long time?

58. It is proper in the intervals,

1. To avoid remote cauſes, particularly by change of air.

2. To obviate inflammatory diatheſis which moſt frequently prevails in vernal agues, by bleeding, cool diet, emetics, cooling laxatives.

3. To obviate putrid diatheſis, which moſt frequently prevails in autumn and in warm climates; by gentle emetics and laxatives, a cool regimen, acids, and other antiſeptics.

4. To ſupport the patient's ſtrength by a reſtorative diet and cordials.

5. To promote the ſecretions, particularly the perſpiration, by exerciſe, bathing, &c.

59. The paroxyſm may be prevented,

1. By the application of ſuch things before the approach of the fit, as excite a great commotion

commotion in the ſyſtem. *a.* Warm ſtimulating ſudorifics, with the copious uſe of diluents. *b.* Briſk cathartics. *c.* Cold bath. *d.* Violent exerciſe. *e.* Vomits. *f.* Stimulating external applications, ſtrong frictions, bliſters. *g.* Violent emotions of mind. Moſt of the above remedies, though tending to obviate that debility and ſpaſmodic affection conſpicuous in the beginning of the fit, yet may be dangerous in their operation, and at leaſt require to be applied with great caution.

2. By mild ſedatives, antiſpaſmodics, and diaphoretics, gentle emetics, particularly antimonials, given ſo as only to excite a nauſea; warm bath, opiates.

3. By remedies which produce no ſenſible effect on the ſyſtem. *a.* Bitters. *b.* Aſtringents. *c.* Peruvian bark; which in various forms and doſes, ſuited to particular circumſtances, and continued a ſufficient time, is found to be the moſt generally ſafe and efficacious of any remedy, when given after cleanſing the *primae viae*, and removing

inflammatory

inflammatory diatheſis when preſent. On what do the effects of theſe depend?

60. In the paroxyſm the views are,

1. To render the cold fit milder and ſhorter, by *a.* Diluents. *b.* Proper application of heat, pediluvia, warm bath. *c.* Emetics. *d.* Antiſpaſmodics. *e.* Cordials.

2. To render the hot fit milder and ſhorter, and accelerate the ſweating, by *a.* Bleeding. *b.* Sedative diaphoretics, neutral ſalts, diluents, acids, antiphlogiſtic regimen, ſometimes cold drink. *c.* Opiates.

3. To conduct the ſweating in ſuch a manner as not to ſuppreſs it improperly, nor encourage it ſo much as unneceſſarily to weaken the patient.

61. The prevention of intermittents depends,

1. On avoiding occaſional cauſes.

2. On bracing and invigorating the ſyſtem.

CONTINUED INFLAMMATORY FEVER.

62. This fever is defined by a frequent, hard, ſtrong pulſe, great heat, thirſt, little debility, and the functions little impaired in the beginning, without remarkable or regular remiſſions.

63. The other attendant ſymptoms are the following: It begins commonly with a chilline ſs and ſhivering, ſucceeded by heat, pain of the head and back, laſſitude, nauſea, vertigo, total loſs of appetite, want of ſleep, dry tongue, generally white in the beginning, but gradually turning of a darker colour, a flushed face, the eyes impatient of light; delirium, quick breathing, high coloured urine without a ſediment, coſtiveneſs, parched ſkin, ſuppreſſion of the diſcharge from ſores, which become inflamed.—The ſymptoms are ſevere from the beginning; but there is generally an exacerbation

bation of them before the criſis.—The blood commonly has a buffy coat.—The ſymptoms indicating immediate danger, are mentioned, art. 17.—In this, and other fevers, the patient often becomes quite ſenſible, and in other reſpects ſeems eaſier, juſt before the approach of death, though for many days before he had been perfectly delirious.

64. Its duration is uncertain, but ſeldom extends beyond the 14th day, unleſs it changes into a fever of a different kind.

65. It is terminated favourably by ſweating, diarrhoea, vomiting, haemorrhage, or copious diſcharge of urine with a natural ſediment; but theſe three laſt are ſeldom by themſelves completely critical.—Are thoſe variations of the pulſe by which critical evacuations are ſaid to be preſaged in this and other fevers well eſtabliſhed? or are they peculiar only to certain countries?

66. It often terminates in a nervous, putrid, or intermittent fever.

67. The prediſponent cauſes are,

1. Youth.

2. Sanguine temperament, tenſe fibres, denſe blood, diſpoſition to haemorrhages.

3. Spring ſeaſon, cold or temperate climate.

68. The occaſional cauſes are,

1. Sudden application of cold when the body is overheated, eſpecially if it be previouſly debilitated.

2. Sudden changes of the temperature of the air.

3. Suppreſſion of uſual evacuations, eſpecially of ſanguine ones.

4. Whatever heats and ſtimulates the ſyſtem, either in diet or medicines, hard drinking, violent exerciſe, inſolation, violent paſſions.

5. Whatever produces plethora, full diet, with little exerciſe.

6. Ex-

6. External or internal injuries, or any permanent ſtimulus producing topical inflammation.—Is this fever ever contagious when it proceeds from the occaſional cauſes above ſpecified?

69. It ſometimes leaves bad effects on the conſtitution, eſpecially, when it has been attended with topical affections of the viſcera; but ſometimes its effects are ſalutary, by removing palſy, convulſions, and other nervous diſorders, and various morbid affections of the alimentary canal; and by accelerating the growth of the body, and producing a ſtate of high health and ſpirits.

70. From what changes in the ſyſtem do the peculiar ſymptoms of this fever proceed? What are the effects produced by the application of cold to the body when it is overheated? Is there a preternatural lentor in the circulating blood, and is the buffy coat on it a proof of ſuch lentor? This buffy coat depends on many circumſtances affect-

ing the blood after it is drawn from the patient, and on the particular ſtate of the veſſels or ſyſtem during the time in which the blood is flowing. It is not connected with preternatural viſcidity of the craſſamentum. It is often found without fever; it is often not found in the beginning of this fever, or in a ſmall degree, and is the effect of violent topical inflammation and pain from external injuries, though the patient had before been in the moſt perfect health: So that, in ſome caſes, this particular mode of concretion of the extravaſated coagulable lymph, ſeems rather the effect than the cauſe of fever. In general, where it takes place, the loſs of blood is eaſily borne; but there are many exceptions.—Topical affections of the viſcera, found on diſſection, ſeem rather the effects than the cauſes of the fever.

71. The ſymptoms ſhew an increaſed action of the heart and arteries, and increaſed impetus of the blood, beyond what is found in the nervous or putrid fever, and

leſs

leſs debility and depreſſion of the nervous power. They ſeem likewiſe to ſhew a general ſpaſm on the ſurface of the body.—By inflammatory diatheſis, is ſometimes meant the actual ſubſiſtence of ſuch a ſtate, and ſometimes only ſuch a condition of the ſyſtem as diſpoſes to it.

72. The indications of cure are,

1. To remove plethora;—by bleeding, cooling laxatives, abſtinence, and reſtoring ſuppreſſed evacuations.

2. To diminiſh the increaſed action of the heart and arteries, to abate febrile heat, and to allay thirſt;—by the antiphlogiſtic regimen, (Vid. art. 29. 2.)

3. To take off ſpaſm, and promote the natural ſecretions, eſpecially by the ſkin;—by the above regimen; by vomits; cooling laxative clyſters; warm bathing; vapour-bath; ſedative diaphoretics, that do not heat nor ſtimulate; antimonials; antiſpaſmodics; bliſters. In what caſes can opiates be uſed with ſafety and propriety? Does not whatever in-

creaſes heat generally tend to ſuppreſs all natural and ſalutary ſecretions? Yes.

4. To prevent or remove topical congeſtion, eſpecially in the head, producing headach, delirium, &c.—by topical bleeding; bliſtering; ſhaving the head; cooling epithems; fomentations; pediluvia; emetics; laxatives; clyſters.

73. What are the effects of antimonials given not merely as a palliative medicine, but with a view to remove inflammatory fever at once? Can Peruvian bark, or any other medicine, be ever given with propriety and ſafety with the ſame intention? What are the effects of mercurials in this fever? Is cold drink allowable? Yes.

NERVOUS FEVER.

74. The nervous fever is attended with little increaſe of the natural heat; ſmall weak pulſe, not very frequent; great proſtration of

of ſtrength and ſpirits, and great diſorder of the whole nervous ſyſtem.

75. It is difficult to fix its commencement; as the ſymptoms are very mild in the beginning, and increaſe by almoſt imperceptible degrees, for many days before the patient is confined to bed. The firſt ſymptoms are, a general debility; languor, and depreſſion of ſpirits; frequent irregular returns of ſlight chillineſs and alternate heats; laſſitude; anxiety; oppreſſed breathing without any fixed topical affection of the lungs; loſs of appetite; nauſea; ſometimes vomiting of inſipid phlegm; a pale ſunk countenance; vertigo, or ſlight head-ach; diſturbed ſleep.—There is neither heat, thirſt, dry tongue, nor frequency of pulſe, except in a ſmall degree, towards night.

76. By degrees the ſymptoms become more alarming; the patient is unable to ſit out of bed; the pulſe becomes more frequent, but continues feeble and fluctuating: There

are

are frequent flushings of the face, with coldness of the extremities, and partial cold sweats; great sensibility of the nervous system, in many particulars, especially in regard to light and noise; *subsultus tendinum*; tremors; sometimes convulsions; want of sleep, though the patient often lies in a kind of stupor, with his eyes open; a delirium, but not of the violent kind, rather a confusion, and constant indistinct muttering. This delirium is often preceded by an obtuse pain or coldness in the occiput, or crown of the head, with a *tinnitus aurium*, seldom with inflamed eyes.—It is attended with a low contracted pulse, and daily increases till the patient becomes absolutely insensible. The urine is pale, whey-coloured, and without sediment; and, though the tongue becomes dry in the advanced state of the fever, there is seldom any complaint of thirst.

77. There are sometimes regular exacerbations, terminated by a sweat every second, third, or fourth day; and, after the remis-

sions,

ſions, there is a ſediment in the urine; but, as the fever advances, theſe remiſſions become leſs diſtinct. In the laſt ſtage, it is attended with moſt of the ſymptoms enumerated, art. 17. 2. and 3.

78. It ſeldom goes off by any regular criſis, but the ſymptoms abate gradually; and for ſome days, about the time of the favourable change, the patient is almoſt continually aſleep: It ſeldom proves mortal after the fifteenth day, reckoning from the time the patient was confined to bed; but it is often protracted to a much greater length.

79. A gangrene, in thoſe parts on which the patient has moſtly lain, is frequent in the end. This gangrene is not attended with foetor, is not dangerous, and has been conſidered by ſome as critical.—When the fever has continued long, a kind of idiotiſm often remains for ſome weeks after the fever is removed, which gradually wears off.

80. It

80. It is diſtinguiſhed from inflammatory fever; as, in the latter, the invaſion is more ſudden, and attended with greater rigour, and with a hard, ſtrong, frequent pulſe, which becomes fuller on bleeding; with heat, thirſt, dry tongue, pain in ſome part of the body, eſpecially pungent pain of the head, high coloured urine, quick breathing, oppreſſion, and anxiety, is relieved by bleeding, and is attended with leſs debility and depreſſion of the nervous power, and with ſizy blood.

81. It is diſtinguiſhed from the putrid fever, by having no ſymptoms of putreſcency; by being accompanied with leſs heat, thirſt, frequency of pulſe, vomiting or redundance of bile; and by not being ſo contagious. It is likewiſe diſtinguiſhed from theſe fevers, by the difference of their remote cauſes.

82. Favourable ſymptoms are,

1. The tongue growing moiſt in the advanced

vanced ſtate of the fever, with a copious ſpitting and moiſt ſkin.

2. Warm, gentle, univerſal ſweat, natural, and not extorted; but profuſe ſweats, which are very common, and often attended with miliary eruptions, are always unfavourable.

3. Abſceſſes in the parotid glands, and other places.

4. Deafneſs.

5. Delirium being long in appearing.

6. Spontaneous miliary eruptions, which are not the effect of colliquative or forced ſweats.

7. A gentle diarrhoea often relieves the head, when moſt affected.—No concluſions can be drawn from the ſtate of the urine, which often, in the beginning, lets fall a natural ſediment, and often, after the fever is removed, has no ſediment for many days.

83. The prediſponent cauſes are,

1. A relaxed habit.

2. Youth

2. Youth, eſpecially from the age of puberty to about thirty;—ſeldom found in children and old people;—never in infants.

3. What weakens the nervous power.—Great evacuations; poor low diet; depreſſing paſſions; immoderate ſtudy; apprehenſion of contagion; ſedentary life.

4. Calm damp weather, eſpecially in marſhy countries.—From what cauſe has this fever prevailed ſo much of late years?

84. The occaſional cauſes are,

1. A certain ſtate of the air, not yet aſcertained, rendering the diſeaſe epidemic.

2. Contagion; but this ſeems very rarely a cauſe.

3. Application of cold when the body is warm;—but this likewiſe ſeldom produces a nervous fever.

4. Diſorders in the *primae viae*.—It is generally impoſſible to trace it clearly from any occaſional cauſes.

85. The blood, to appearance, ſeems natural,

tural, nor is there any evidence of acrimony in any of the fluids; and tho', after death, there is often found inflammation, ſuppuration, or effuſion, within the head, yet theſe ſeem rather to be the effects than the original cauſes of the diſeaſe. There is evidently a great debility and depreſſion of the nervous power, with increaſed ſenſibility and mobility of ſome part of the nervous ſyſtem, in the firſt ſtage, and almoſt a total inſenſibility in the laſt.—Though there are many ſymptoms of ſpaſm, yet it ſeems to affect the ſkin and extremities leſs in this than in other fevers, there being frequently an equal heat and moiſture diffuſed over the whole body, and ſometimes univerſal ſweats for many days ſucceſſively. The action of the heart and arteries ſeem weakened, as the pulſe, during the fever, is low, weak, and irregular; and, when the fever is gone off, it becomes full, ſoft, ſtrong, and regular. Is this owing to any ſpaſmodic ſtricture on the heart and arteries?—In an inflammatory fever, the pulſe, before the criſis, is full and hard,

but afterwards, it becomes ſmall, weak, and languid.

86. The indications of cure are,

1. To promote a gentle diaphoreſis when the ſkin is parched; to keep the belly open; and to remove any diſorder in the ſtomach, by gentle emetics, antimonials, ſedative diaphoretics, gentle laxatives and clyſters.—All conſiderable evacuations, eſpecially of blood, do great hurt.

2. To ſupport the *vis vitae* by cordials; particularly, by wine; Peruvian bark; ſinapiſms; bliſters; cold drink; ſometimes by light animal food, when the fever has continued long; and ſupporting the patient's ſpirits by every poſſible art.

3. To remove ſpaſmodic ſymptoms by warm bathing; fomentations; antiſpaſmodics; muſk; caſtor; camphor; wine; opiates.

4. To take off increaſed determination and congeſtion in the head; by topical bleeding, and bliſters; pediluvia.

87. May

87. May not Peruvian bark be given ſometimes with a view to remove the fever, eſpecially in the beginning, when the remiſſions are diſtinct, and the patient ſenſible enough to take it in ſufficient quantities? Does the bark tend to check natural or critical evacuations? As many of the ſymptoms ſeem at firſt view to indicate the uſe of opiates, is the general prejudice againſt them, in this and in other fevers, founded on direct experience of their bad effects, or only on an hypotheſis concerning their mode of operation?

88. The nervous fever is often cured in the beginning, by a vomit, eſpecially if it operates gently downwards, and procures a diaphoreſis; and, after this, by the uſe of daily exerciſe on horſeback or in a carriage; but eſpecially, by a journey.

89. This diſeaſe often begins in this country with the ſymptoms of a very mild inflammatory fever, in which there is no great depreſſion of ſpirits or ſtrength, and the

head continues clear during the firſt five or ſix days; the ſtomach is much affected; there is a diſpoſition to ſweat in the beginning, though the ſkin commonly becomes parched as the diſeaſe advances; the pulſe is ſoft, and not very frequent, with a diſtinct remiſſion every forenoon.

90. Theſe ſymptoms gradually increaſe, the remiſſions become leſs diſtinct, and all the ſymptoms of the nervous fever come on, and often unexpectedly. The treatment of a fever which ſo inſenſibly changes into another of a different nature, is attended with the utmoſt difficulty.

PUTRID FEVER.

91. Definition. General ſymptoms of fever, with a remarkable proſtration of ſtrength and ſpirits, and ſymptoms of general putreſcency of the fluids, at leaſt, in the advanced ſtate of the diſeaſe.

92. Symptoms in the firſt ſtage are, more violent rigour and greater heat than

in the nervous fever, pulſe harder, though quick and ſmall, but irregular in point of frequency. The jail-fever ſometimes comes on gradually, with alternate fits of heat and cold, trembling of the hands, numbneſs of the arms, uncommon weakneſs, head-ach, confuſion of the head, vertigo, *tinnitus aurium*, pain in the temples and eye-brows, ſometimes in the bottom of the eye.—Eyes full, heavy, yellowiſh, and often ſeem inflamed.—The face appears bloated, and dead coloured.—Throbbing of the carotid and temporal arteries, tho' the pulſe at the wriſt is ſmall, and often not frequent.—Nauſea, vomiting, loſs of appetite.—Exacerbation at night.—It is not eaſily known at firſt from a common fever, but by the circumſtances of infection, and the ſymptoms not being relieved by bleeding.—Blood drawn at the beginning commonly ſeems natural, though ſometimes it is ſizy.

93. Symptoms in the advanced ſtage are, increaſe of the former ſymptoms; re-

markable proſtration of ſtrength and depreſſion of ſpirits, even when the pulſe is tolerably ſtrong; ſighing; ſobbing; dyſpnoea; delirium, but ſeldom violent, rather ſtupidity and confuſion; rarely ſleep.—As the pulſe ſinks, while its frequency increaſes, the tremors and delirium increaſe, with a ſlow low voice, laſſitude, pains of the back and limbs, tremor of the hands, more commonly than *ſubſultus tendinum*; oppreſſion, and ſometimes pain at the pit of the ſtomach; vomiting of green, black, putrid bile; (theſe ſtomach-complaints are not always found in the jail-fever;) dry, parched, black tongue;—but ſometimes it is moiſt to the laſt, and of a yellowiſh colour.—The dryneſs of the tongue makes the ſpeech indiſtinct.—The thirſt is ſometimes moderate, but ſometimes it is unquenchable. The urine is variable. If the ſick lie warm, they are coſtive; if cold, they have a diarrhoea. The ſkin is commonly parched, and there is a pungent heat in it, though that is not felt when the hand is firſt laid on. Petechiae

techiae are not conſtant nor critical, nor always mortal. Their colour is various, from bright to livid. They often go deeper than the ſkin, with real gangrene of the part, which ſometimes recovers without ſeparation. The breath, ſtools, urine, and ſweats, become foetid; there are haemorrhages from different parts. The blood, when drawn, is of a looſe coagulum, and frequently does not ſeparate at all, though ſometimes a thin buffy film appears on it. The blood is ſometimes putrid when drawn, or becomes putrid very ſoon after. The patient frequently longs for ſomething cordial, eſpecially wine, when the fever is protracted to any conſiderable length. Its duration is various.

94. The prognoſis is uncertain. The moſt favourable ſymptoms are,

1. A gentle bilious diarrhoea, attended with a moderate ſweat, which, in the advanced ſtate of the diſeaſe, is often critical, and always relieves the patient.

2. Turbid urine in the decline, with a gentle ſweat, ſoft ſkin, and moiſt tongue.

3. Salivation.

4. Abſceſſes in the parotid and axillary glands, and other places, when the fever has continued long.

5. An itching red raſh, and watry bladders on the back and breaſt;—ſometimes a white miliary eruption;—hot ſcabby eruptions about the mouth and noſe.

6. Deafneſs.

7. The petechiae (which are never critical) changing from a livid to a brighter colour.

8. The pulſe riſing, and the head becoming clearer, on the uſe of wine.

95. The unfavourable ſymptoms are,

1. Violent diarrhoea; eſpecially with a hard ſwelled belly.

2. Profuſe ſweats, eſpecially in the beginning, and when ſucceeded by rigour.

3. Large black or livid ſpots, commonly attended with haemorrhagy.

4. The

4. The eyes much inflamed, and ſtaring.

5. Aphthae; eſpecially if dark coloured;—theſe are commonly ſucceeded by ulceration of the mouth and throat, hiccup, and putrid diarrhoea.

6. Dark coloured foetid urine, with a ſooty ſediment.

7. Frequent inclination to uncover the breaſt;—all the ſymptoms mentioned in art. 17.

96. Prediſponent cauſes are,

1. A conſtitution weakened by previous diſeaſes.—Thoſe who recover are as apt as others to be ſeized again.—Do relapſes often happen when the diſeaſe has been terminated by abſceſſes?

2. Depreſſing paſſions.

3. Hot climate.

4. Cloſe, warm, damp weather.

5. Want of uſual exerciſe.

97. Occaſional cauſes are,

1. Foul air, from a number of people being confined in a narrow place, not properly ventilated;—putrid animal and vegetable effluvia;—putrid effluvia from ſtagnating water.

2. Feeding intirely on animal food, eſpecially if it be putrid; without vegetables, antiſeptics, bread, ſugar and fermented liquor.

3. Contagion.

4. Preceding fevers, which in warm climates often terminate in this, eſpecially the autumnal remittent fever.

98. The proximate cauſe ſeems to be a *morbid* matter, of the putrid kind, ſometimes generated in the body, but generally communicated to it from without, which ſeems to depreſs the nervous power in a high degree, before it produces any ſenſible change on the fluids; though it appears to do this in the progreſs of the diſeaſe, by acting as a putrid aſſimilating ferment. The perſpiration ſeems to be obſtructed from ſpaſmodic ſtricture

ture on the ſurface, or ſome other cauſe; and congeſtions ſeem to be formed in the abdominal viſcera. It commonly terminates in an inflammation and gangrene of ſome of the viſcera, eſpecially the bowels, and ſometimes in a ſuppuration of the brain. But theſe are the effects, not the cauſes of the diſeaſe.—There is commonly an increaſed ſecretion and vitiated ſtate of the bile in this fever.

99. It reſembles the plague in its remote cauſes and moſt conſiderable ſymptoms. In what do they differ?

100. Is there any difference that can influence practice in the putrid fevers produced by the different occaſional cauſes?

101. Whence proceed the delirium and other morbid affections of the head and alimentary canal, the peculiar colour of the eyes, the petechiae, and the haemorrhages?

102. The indications of cure are different in different periods of the diſeaſe.

1. In the beginning, the effects of plethora and violent heat may be obviated, by a cautious uſe of gentle evacuations, and the antiphlogiſtic regimen.—Fevers proceeding from contagion, in general, bear the loſs of blood ill.—A gentle emetic, and afterwards procuring a diaphoreſis, often cures this fever on the appearance of the firſt ſymptoms of infection.

2. Occaſional cauſes muſt be removed as far as poſſible, by placing the patient where he may breathe a pure cool air, free from whatever can retain and communicate contagious matter, or an air impregnated with acid or aromatic effluvia; vegetable aceſcent food is proper; and whatever heats or ſtimulates ſhould be avoided.

3. Gentle evacuations of the *primae viae* ſhould be procured, and the perſpiration promoted by mild emetics, laxatives, and diaphoretics.—Critical abſceſſes ought to be forwarded.

4. The *vis vitae* muſt be ſupported by proper nouriſhment, given in ſmall quanti-

ties,

ties, but frequently; by proper cordials, particularly, by the liberal uſe of wine; Peruvian bark, and bliſters in the decline; by avoiding motion and an erect poſture, and practiſing every art to ſupport the patient's ſpirits.

5. Putreſcency ſhould be obviated by antiſeptics; bark; wine; acids; ſaline draughts in the ſtate of efferveſcence; prudent application of cold, and of whatever diminiſhes febrile heat.

6. Particular ſymptoms ought to be palliated; as delirium; vomiting; diarrhoea; dyſury; worms, &c.

103. The prophylaxis conſiſts,

1. In avoiding miaſmata and contagion; foul air, and dirtineſs.

2. In avoiding whatever weakens the ſyſtem and depreſſes the nervous power.—Hence the utility of the moderate uſe of wine, good diet, exerciſe both to body and mind, tonics, particularly, Peruvian bark

and

and the cold bath, and of a chearful and fearleſs diſpoſition.

3. The uſe of antiſeptics, acids, fruit, bark, bitters, aſtringents.—One ſhould not viſit the ſick faſting, and, when with them, he ſhould breathe through a handkerchief or ſpunge moiſtened with vinegar, or any aromatic water. What effects has the uſe of tobacco as a preſervative?

REMITTENT FEVER.
or Bilious Fever.

104. The ſymptoms of the remittent fever are varied by many circumſtances of the ſeaſon and ſituation of the country; but eſpecially, according as it is combined with the inflammatory or putrid diatheſis. It generally begins with a chillneſs; laſſitude; yawning; pains of the head, back, and bones; vertigo; nauſea; oppreſſion at the ſtomach. Theſe ſymptoms are ſucceeded by heat, thirſt, parched tongue, though ſometimes white and moiſt, violent head-ach, delirium, reſtleſsneſs, frequent hard pulſe, bilious vomiting

ing and ſtools, ſometimes with worms, but often coſtiveneſs, with a hardneſs of the belly, and flatulency, high-coloured urine, yellowneſs of the eyes and frequently of the whole body.

105. The duration of theſe ſymptoms is various; but generally, in a ſhort time, after a ſweat, they remit. The duration of the remiſſion is uncertain; ſometimes it obſerves the tertian or quotidian type, ſometimes is quite irregular; but the exacerbation is moſt frequently at night, and the remiſſion by a ſweat in the morning.—No critical days are aſcertained.—The remiſſions are often promoted by a ſpontaneous haemorrhage of the noſe, vomiting or purging, or by artificial evacuations.—The paroxyſms are often preceded with no coldneſs.

106. It ſometimes at once attacks the patient with ſymptoms of the moſt violent fever, and high delirium, without any previous complaint; goes off in a few hours, with a pro-

a profuſe ſweat, and returns at the ſame hour next day.

107. It terminates favourably by bilious vomiting or purging; by a ſweat; copious ſpitting or expectoration; and by changing into a regular intermittent. Sometimes, it is ſaid, a jaundice is a criſis; but, in general, an univeral yellowneſs is an unfavourable ſymptom. Sometimes the paroxyſms become gradually milder, and the diſeaſe goes away without any critical evacuation.—It terminates unfavourably by changing into a continued putrid fever or dyſentery.

108. As the winter approaches, the ſymptoms peculiar to the putrid fever diſappear, and thoſe of inflammatory fever become more frequent, and the blood, which was before of its natural appearance, becomes ſizy.

109. Its effects are the ſame with thoſe of intermittents, art. 47. It always leaves a diſ-

a diſpoſition to relapſe. Thoſe relapſes are rare in winter, but frequent in the ſucceeding ſpring.

110. Prediſponent cauſes are, whatever relaxes and debilitates the ſyſtem;—heat, moiſture; depreſſing paſſions; want of exerciſe; exceſſive fatigue; all the cauſes that prediſpoſe to putrid fever; previous remittent fevers.—It is the epidemic autumnal fever of all warm climates, eſpecially in marſhy and woody countries, and is moſt ſevere in theſe after hot cloſe ſummers.—Why are ſtrangers moſt ſubject to it?

111. Occaſional cauſes are,

1. Miaſmata.

2. Contagion.

3. Expoſure of the body, when warm, to cold or putrid moiſture, eſpecially during ſleep.

4. Irregularities in diet; exceſſive drinking.

5. Inſolation,

112. The

112. The proximate cauſe ſeems analogous to that of intermittents, conjoined with a morbid ſtate of the *primae viae*, with an increaſed ſecretion, and probably vitiated ſtate of the bile, and with a diſpoſition to putreſcency, which abates as the cold weather approaches.—Is the yellowneſs of the eyes and ſkin owing to an abſorption or regurgitation of the bile, or is it owing to a change brought on the ſerum, in conſequence of a certain degree of putrefaction? Diſſections of thoſe who have died of this diſeaſe have diſcovered inflammation and gangrene in the alimentary tube, congeſtion of blood in the liver, redundancy of bile, but no obſtructions in the biliary ducts; inflammation of the brain, and its conſequences.

113. The indications of cure are,

1. To promote an intermiſſion of the fever;—by bleeding, when the inflammatory diatheſis prevails; gentle emetics; particularly antimonials, neutral ſalts, cooling laxatives.

2. To

2. To ſtop the return of the paroxyſms by Peruvian bark, which may be given as ſoon as the inflammatory diatheſis is removed, and the *primae viae* cleanſed; and, in hot climates, muſt be given very early, even upon the ſlighteſt remiſſion, otherwiſe it will be too late.

3. To obviate inflammatory or putrid diatheſis, particularly the latter, which generally attends this fever, by a cool aceſcent diet, and the remedies mentioned art. 72. and art. 102. In both theſe ſtates, acrid and ſtimulating medicines are improper.

4. To avoid and remove remote cauſes.

5. To palliate the violence of particular ſymptoms, as worms, diarrhoea, vomiting, headach, delirium.

114. The prophylaxis depends on avoiding remote cauſes; promoting all the ſecretions, particularly by the ſkin; uſing food of eaſy digeſtion; the moderate uſe of wine; antiſeptics; keeping an open belly; bracing and invigorating the ſyſtem.

HECTIC FEVER.

115. Definition. Frequency of pulſe and increaſed heat, but neither of them very conſiderable, except during certain irregular exacerbations and after eating; a ſlow waſting of the body, without any remarkable debility or impaired ſtate of the functions.

116. The uſual attendant ſymptoms are, the pulſe becoming frequent and full after eating; with a fluſhing in the cheeks, and heat in the palms of the hands; dry ſkin; ſleep not refreſhing; loſs of appetite, though this is often not impaired; ſometimes wandering pains, and ſudden ſwelling, in places where there ſeems to be no diſeaſe; increaſe of the fever towards night; exacerbations irregular in their periods, and in their cold, hot, and ſweating fits, which laſt give no relief; and generally, at laſt, colliquative nocturnal ſweats, or diarrhoea.—It never ſeems to be removed by any critical evacuation.

117. It

117. It generally is a ſymptomatic fever, connected with diſeaſes ſubſiſting along with it; ſometimes no ſuch connection appears.

118. It proceeds from

1. Great evacuations, natural or artificial, eſpecially of blood; diarrhoea; diabetes; ſalivation; gonorrhoea; exceſſive diſcharges of ſemen, milk, fluor albus.—It ſometimes continues, long after theſe evacuations have ceaſed.

2. The conſequences of ſmall-pox, meaſles, and other fevers.

3. Suppreſſion of natural or uſual evacuations.

4. Long continued diſtreſs of mind.

5. Infarctions in the viſcera, particularly in the lungs and meſentery, even when there is no purulency.—It is ſometimes doubtful whether theſe obſtructions are the cauſe or the effects of this diſeaſe.

6. Very quick growth in children, eſpecially about the age of puberty.

7. The conſequences of ſcrophula, worms, diſorders in the *primae viae*, dropſy, inflammation of ſcirrhous glands, but principally of purulency, eſpecially in the lungs.

119. Whence does it proceed, when idiopathic? Has any particular acrimony been diſcovered in the fluids?

120. The cure, when it is ſymptomatic, depends on the removal of the primary diſeaſe.—In the caſe, art. 118. 1. 2. 6. a mild reſtorative diet, gentle exerciſe, country-air, ſailing, warm climate, acids, temperate and cold bathing, Peruvian bark, and ſometimes the moderate uſe of wine and animal food, are proper, and ſometimes ſmall but repeated bleedings. In the caſe, art. 118. 3. gentle evacuations, cool diet, exerciſe, and bathing, are indicated. In the caſe, art. 118. 4. nothing can be of uſe but the removal of the cauſe, and an attention to every circumſtance that can amuſe the mind.

SMALL-POX.

121. This diſeaſe is an eruptive fever, where the puſtules appear on the third or fourth day, and continue coming out till the fifth or ſixth; then ſuppurate, and begin to cruſt on the face from the ninth to the eleventh day.

122. The ſymptoms are various, according to the number and kind of the puſtules, and according as the attendant fever is inflammatory, nervous, putrid, or catarrhal. It generally begins with coldneſs, ſhivering, ſucceeded by heat, thirſt, frequent pulſe, pain of the head and back, nauſea, vomiting, anxiety, pain in the pit of the ſtomach when preſſed, drowſineſs, and ſtarting in ſleep.

123. The puſtules, on their firſt eruption, are very ſmall, but gradually increaſe in ſize.—According as they come out diſtinct, or run together on the face, the diſeaſe is

called the Diſtinct, or Confluent ſmall-pox. On the firſt eruption, the fever in the diſtinct kind ſubſides; but, in the confluent, it continues. The eruption is earlieſt in the confluent kind, but it is ſometimes protracted, in conſequence of a hot regimen, of a violent pain in any part of the body, or of great depreſſion of ſpirits. Does the previous uſe of the cold bath tend to retard the eruption? When the eruption is compleated, the interſtices of the puſtules turn red, and the whole face ſwells. Towards the height, the hands begin to ſwell, and afterwards the feet. The confluent ſmall-pox appear at firſt like an eryſipelas, and the ſkin of the face riſes like an univerſal bliſter. More or leſs fever accompanies the maturation: It is attended with ſalivation, and often a ſore throat, eſpecially in adults; a diarrhoea in infants, and ſometimes an increaſed diſcharge of urine.

124. After the ſmall-pox begin to cruſt on the face, (which is the time of the greateſt

eſt danger) the ſwelling of it ſubſides gradually, and then the ſwelling on the hands and feet ſucceſſively ſubſide.—The puſtules are largeſt on the extremities, and continue full for ſeveral days after they have fallen on the face. The fever is uſually higheſt when the ſmall-pox on the face begin to ſubſide, and continues for ſeveral days afterwards, with a nocturnal exacerbation.—In the end of the diſeaſe, abſceſſes are often troubleſome.

125. They ſometimes remove glandular ſwellings, defluxions on the eyes and ears, *tinea capitis*, pains and weakneſs of the joints, obſtructed menſes, and procure better and more ſteady health.

126. Sometimes they impair the conſtitution, bringing on pulmonary complaints, hectic fever, defluxions, and ſpecks on the eyes; and blindneſs, from various ſources.

127. A favourable prognoſis ariſes from
1. Diſtinct puſtules on the face.

2. Convulſive fits before the eruption.

3. Yellowiſh puſtules, well filled, with a red baſe.

4. The maturation of the puſtules, diarrhoea, ſalivation, and ſucceſſive ſwellings of the face and extremities, obſerving their natural periods.

5. The ſtate of childhood.

128. An unfavourable prognoſtic is deduced from

1. Violent eruptive fever of the inflammatory kind, with ſizy blood, and fixed pain in any part of the body, or fever of the nervous, putrid, or catarrhal kind.

2. Early eruption of confluent puſtules.

3. Puſtules not filling with proper matter, but remaining flaccid, or filled with a watery or bloody ichor.—In this ſpecies of the diſeaſe, the dangerous ſymptoms often do not appear before the fourteenth day.

4. Great determination of the blood to the head, producing delirium, ſtupor, &c. or to the

the breaſt, producing peripneumony, eſpecially about the height of the diſeaſe.

5. An angina, with viſcid ſalivation, and difficult expectoration.

6. Petechiae, bloody urine, and other ſymptoms of putrid diatheſis.

7. Premature ſubſiding of the puſtules, or of the ſwelling on the face and extremities.

8. Abortion.

9. Rigours about the eleventh day.

129. The ſmall-pox are produced by contagion alone, which ſeems to have been propagated from the eaſt over the reſt of the world. A certain ſtate of the air ſeems neceſſary to render the contagious matter active; hence it is only epidemic at ſome times, though the contagious matter will for a long time adhere to certain ſubſtances fitted to retain it. It never ſeizes (or extremely rarely) any perſon but once in his life.—But a particular part of the body may afterwards be ſuſceptible of the ſmall-pox, in conſequence of immediate contact with one having

having the diſeaſe.—Not above one out of twenty eſcape it.—Why are ſome people unſuſceptible of the contagion? And why are people more ſuſceptible of it at one time than another?

130. The number and kind of the ſmall-pox, and all its attendant ſymptoms, depend

1. On the mode of communicating the contagious matter, either immediately to the blood, as in inoculation; or in a volatile way, by the inhaling veſſels, which is the natural way.

2. The habit of body.

3. The diſpoſition of the air and ſeaſon of the year.

4. The nature of any other reigning epidemic fever.

5. The management of the patient under the diſeaſe, particularly in regard to heat.—Does any thing depend on the nature of the contagious matter?

131. The contagious matter received in-

to

to the body ſeems to act as an aſſimilating ferment. The aſſimilated fluids are partly expelled by the puſtules, partly by different natural emunctories. After this, the ſeminium in the habit is deſtroyed. The nature of this ſeminium is unknown, but it is neceſſary to concur with the contagion, in order to produce the diſeaſe. Why is the diſeaſe ſo mild in ſome people, and ſo virulent in others? Whence the ſecondary fever?

132. Is it poſſible to deſtroy the latent ſeminium in the habit, or prevent, by any ſafe means, the diſeaſe from coming on after the contagion is received?

133. When the ſmall-pox appear in the natural way, the view of the phyſician muſt be to render them as few and mild as poſſible, by moderating the ſymptoms in the ſucceſſive ſtages of the diſeaſe, which requires a particular attention to the genius of the attendant fever.—In general, is the fe-

ver

ver to be conſidered as neceſſary for the ſeparation and expulſion of the variolous matter, or is it to be conſidered as an obſtacle to this ſalutary purpoſe ?

134. The violence of the eruptive fever, when inflammatory, is mitigated, the eruption facilitated, and the number of puſtules diminiſhed, by the antiphlogiſtic regimen ; bleeding, emetics, particularly antimonials, laxatives, the proper application of cold, and ſometimes by warm bathing. In ſome caſes, where there is great depreſſion of the nervous power, cordials and bliſters are neceſſary. Epileptic fits are relieved by the warm bath, opiates, and ſometimes bleeding and bliſters are proper.

135. From the eruption to the height, the ſame cool regimen and pure air is neceſſary, and occaſional evacuations, eſpecially when the head and breaſt are affected. The natural ſalivation is promoted and the matter thinned, by gargariſms, breathing emollient

and

and attenuant ſteams, gentle emetics, and bliſters. When the attendant fever is of the nervous or putrid kind, and the puſtules do not fill with proper matter, the Peruvian bark, acids, and wine, are proper.—Reſtleſſneſs, ſoreneſs, and often delirium are removed by opiates.—The ſwelling of the extremities is promoted by fomentations, cataplaſms, and bliſters.—Strangury is removed by raiſing the patient on his knees, or taking him out of bed.—In all ſtages of the diſeaſe, and particularly in this, the linen (if poſſible) ſhould be changed once a-day at leaſt.—What are the advantages and diſadvantages of antimonials, wine, opiates, and Peruvian bark, given at this time? Have any medicines a ſpecific effect in forwarding the ſuppuration?

136. On the acceſſion of the ſecondary fever, the indications are, to mitigate the fever, and to take off the determination from the head, throat, and breaſt. This is ſometimes effected by bleeding, cathartics, mild

emetics, bliſters, promoting the determination to the ſurface and extremities by fomentations, poultices, ſinapiſms. What are the effects of opening the puſtules in palliating the ſecondary fever?

137. How is pitting to be prevented?

138. Are evacuations, particularly by cathartics, always neceſſary after the ſmall-pox, to prevent their bad effects on the conſtitution?

139. In the inoculated ſmall-pox, compared with the natural, the number of puſtules is ſmaller, the matter of them is better, all the ſymptoms are milder, the ſecondary fever, pitting, and in general, the other bad conſequences of the diſeaſe are prevented, and the number of thoſe who die of them is very inconſiderable. So that, making a proper allowance for the number of thoſe who would have eſcaped the diſeaſe, a great ma-

ny lives would be ſaved by inoculation being generally practiſed.

140. In the inoculated ſmall-pox, before the diſeaſe is communicated, there is an opportunity of properly preparing the patient's body, of chuſing the ſeaſon, and period of life; but the great ſucceſs of inoculation does not ſeem to depend principally on any of theſe circumſtances, nor on the mildneſs or ſmall quantity of the inoculating matter, nor on its being chiefly practiſed on the young, fearleſs, and healthy. On what does its ſucceſs depend?

141. It may be practiſed with ſucceſs at any time of life;—but in infancy, and particularly during the time of dentition, it oftener fails of producing the diſeaſe, and oftener proves fatal, than at any other period of life. To what is this owing? Is not the ſtate of pregnancy improper for inoculation?

142. It may be practiſed at any ſeaſon; but the moſt proper ſeems to be that which in general is moſt healthy.

143. What diſeaſes render it improper? It has been ſucceſsfully applied to thoſe affected with the ſyphilis, and inveterate cutaneous diſeaſes, to the gouty, ſcrophulous, ſcorbutic (commonly ſo called), corpulent, and to very irregular livers.

144. No particular mode of preparation can be univerſally proper. It ſhould be relative to the particular habit of body of every patient. In general, the beſt preparation is ſuch as tends to remove inflammatory diatheſis, and to cleanſe the *primae viae*. This is effected by a total abſtinence from animal food and fermented liquor, for ſome time before the inoculation, and by gentle laxatives, repeated at proper intervals. Have mercurials or antimonials

any

any peculiar advantages as preparatory medicines ?

145. Of what conſequence is the choice of the inoculating matter, in regard

1. To its being taken from a favourable ſmall-pox ;

2. To its being taken from recent, or old, crude, or fully ripened matter ;

3. To the health and family of the perſon from whom the matter is taken ?

146. The beſt method of performing the operation, and of treating the wound, ſeems to be ſuch as gives no additional ſtimulus to the part, beyond what is communicated by the variolous matter. In this way, the effects of the inoculation can be better judged of by the appearance of the wound. The conſequences of deep inciſions are often troubleſome, and bandages and plaſters are improper on many accounts. Is there any danger from accumulated infection ?

147. The eruptive fever generally begins about eight days after the inoculation; but the infection having taken place, may be gueſſed at, by the appearance of the wound, ſome days ſooner. Are there any certain marks of the diſeaſe being communicated ſo as to leave no danger of a future infection, beſides the ſame ſymptoms which attend the natural ſmall-pox?

148. There ſeems to be no reaſon for treating the inoculated differently from the natural ſmall-pox.

149. To what is the peculiar ſucceſs of the new mode of conducting inoculation owing? Is it owing to a much greater proportion of adults having been inoculated in this way, than of infants, among whom the ſucceſs is more precarious? Is it owing to a ſtricter preparation of the patient? To any ſpecific effect of particular medicines? To the free uſes of purgatives through the courſe of the diſeaſe? To the different manner of

mana-

managing the operation, or to a more free application of the cool regimen, eſpecially in regard to cold air and cold drink? Different people, who have no communication together, and who pretend to the knowledge of certain medicines which have a ſpecific effect to render the diſeaſe mild, practiſe inoculation with equal ſucceſs. This is a proof that their ſucceſs muſt depend on ſomething in the management common to them all. But equal ſucceſs has attended gentlemen who have had the moſt extenſive practice in inoculation, and who have, with a candour and liberality which does honour to themſelves and to the profeſſion, communicated all they knew to the public.

150. Does the partial practice of inoculation tend to the hurt of ſociety, by conſtantly keeping the contagion active? Or has inoculation no tendency to ſpread the diſeaſe, unleſs thoſe circumſtances in the ſtate of the air concur, which, independent of inoculation, would have rendered it epidemic?

MEASLES.

151. This diſeaſe is a fever, with dry cough, ſneezing, ſerous diſcharge from the eyes and noſe, eruption of red ſpots about the fourth day, which in three or four days ſcale off.

152. The patient is often affected with catarrhal ſymptoms, for ſeveral days before he has any fever.

153. The eruptive fever generally begins with coldneſs, or alternate cold and hot fits, ſucceeded by all the ſymptoms of catarrhal fever, affecting particularly the eyes and noſe, with a conſtant running; by heat and pain of the eyes, which are impatient of the light; by dry cough, ſlight angina, heavineſs and pain of the head, reſtleſſneſs, ſtarting in ſleep, nauſea, vomiting, ſometimes diarrhoea, irritability of the mind, itching of the ſkin, anxiety, eſpecially juſt before the eruption.—Sometimes the fever goes off without

without an eruption, and ſometimes, after the eruption has appeared, it goes off again, and returns ſome days after.

154. They commonly appear firſt on the face like flea-bites, which, increaſing in number and coaleſcing, make the ſpots larger, and bring on ſome ſwelling of the face; the ſpots, though raiſed above the ſkin, are only known to be ſo by the touch. In the other parts of the body, they are broad, red, and not raiſed above the ſkin. The ſymptoms do not remit, or but little, on the eruption, except the vomiting. The ſpots firſt turn rough, and the cuticle breaks on the face; at which time, they continue red and broad on the reſt of the body.—About the ninth day, they are uſually all gone off, and leave a great itching on the ſkin.

155. The fever, catarrhal, and peripneumonic ſymptoms, often remain, and a hectic fever and diarrhoea in children, with a hardneſs of the belly, eſpecially after a hot regi-

men, which ſometimes makes the meaſles livid.—Haemorrhages from the noſe and lungs, and colick pains, are not unfrequent. —The meaſles have been found complicated with ſmall-pox.

156. Favourable appearances are,

1. Diarrhoea, great diſcharge of urine, or a ſweat towards the decline.

2. Haemorrhage from the noſe, when the head or breaſt are much affected.

3. Vomiting after the full eruption.

4. A free and copious expectoration ſucceeding the dry cough.

157. Unfavourable appearances are,

1. Peripneumony, eſpecially with a ſymptomatic diarrhoea.

2. Profuſe colliquative ſweats.

3. Petechiae.

4. Exceſſive laſſitude, and violent fixed pains, preceding the eruption.

5. Severe pain of the head and eyes, continuing after the eruption.

6. Sud-

6. Sudden and premature diſappearing of the meaſles, eſpecially if ſucceeded by delirium or peripneumony.

158. The diſeaſe is produced by contagion alone, which ſeems to have proceeded at firſt from the eaſtern countries. It affects a patient but once in his life; it would appear, therefore, that there is ſome latent ſeminium in the body which muſt concur with the contagion to produce the meaſles. A certain ſtate of the air is neceſſary to render the contagion active, and the diſeaſe epidemic. Like other eruptive fevers, though in a more remarkable manner, it affects the mucous membranes, particularly of the throat and lungs. Sometimes, from its quick progreſs when epidemic, it would ſeem that the contagious effluvia are diffuſed to a great diſtance from the ſick.—The ſymptoms peculiar to the meaſles are influenced by circumſtances ſimilar to thoſe which influence the ſmall-pox. The eruption in the meaſles does not ſeem critical, as it is in the ſmall-pox.

 159. Though

159. Though the attendant fever is uſually inflammatory, it ſometimes is of the putrid kind, and then is often fatal.

160. The indications of cure are,

1. To moderate or aſſiſt the efforts of nature in the expulſion of the meaſles, by bleeding, emetics, laxatives, warm bathing, frictions, antiphlogiſtic regimen, and ſometimes by cordials.

2. To obviate the catarrhal and peripneumonic ſymptoms, by the ſame remedies, and by bliſters, mucilaginous medicines, pectorals, opiates, breathing in the ſteams of warm water.

3. To remove the diſorders conſequent on the diſeaſe, particularly pulmonic complaints and diarrhoea.

4. To obviate the ſymptoms of putrid or nervous fever, when the meaſles are complicated with theſe.

161. What are the neceſſary cautions in regard to the application of cold?

162. What

162. What is to be expected from inoculation of the meaſles?

SCARLET FEVER.

163. This fever is attended with an eruption of red ſpots, much broader and more florid than in the meaſles, and the interſtices ſo red, that the ſkin has the appearance of an uniform ſcarlet colour. In three days, the red eruption goes off, and is ſucceeded by branny ſcales.

164. It begins with the uſual ſymptoms of inflammatory fever, ſeldom with the catarrhal affections, or defluxion of the eyes, attendant on meaſles. The eruption is preceded by great depreſſion of ſpirits, anxiety, dyſpnoea, ſometimes vomiting and diarrhoea—The fever does not go off upon the eruption. It is often attended with ſome degree of angina, and is generally a concomitant of the malignant angina.

165. If properly treated, it is ſeldom dangerous, unleſs when attended with a putrid fever.

166. It is contagious, and ſometimes epidemic. It affects children moſt frequently, and ſometimes girls, before the firſt appearance of their menſes. It is moſt frequent in winter and ſpring, and goes off on the approach of ſummer.

167. When attended with violent ſymptoms of inflammatory fever, the cool regimen is proper, bleeding, antimonials, gentle laxatives, eſpecially in the decline of the diſeaſe; but, when attended with putrid fever, or great depreſſion of the nervous power, bliſters, opiates, and cordials, are indicated. In general, if nature is not diſturbed in the progreſſive ſtages of the diſeaſe, little medical aſſiſtance is required.

MILIARY FEVER.

168. The miliary fever is attended with an eruption of ſmall pimples, about the ſize of millet-ſeeds, of a red or white colour, *(purpura et alba,)* filling with a ſerous fluid, not regular as to the time of its appearance nor duration, not affecting the face, preceded by great depreſſion of ſpirits and anxiety, and attended with a peculiar ſmell.

169. The ſymptoms are various, according to the nature of the concomitant fever, which may be inflammatory, nervous, putrid, catarrhal, &c. The eruption is commonly preceded by great oppreſſion about the ſtomach, ſighing, anxiety, dyſpnoea, nauſea, flatulency, feeble contracted pulſe, pain of the head and limbs, ſometimes gripes, ſtiffneſs of the fingers, prickling or itching of the ſkin, ſweating, though ſometimes by a parched ſkin.

170. The

170. The time of eruption is uncertain.—It appears chiefly on the trunk of the body; and is felt before it is ſeen.—The red and white are ſometimes mixed. The fever and other ſymptoms ſubſide uſually after the eruption, and the pulſe becomes full. On the puſtules going ſuddenly in, the ſymptoms which preceded the eruption come on again, and ſometimes violent morbid affections of the head. There are, ſometimes, ſucceſſive fleeces of this miliary eruption; but, when it keeps out for ſome days together, the cuticle ſcales off.

171. What is the hiſtory of this fever? Whence its origin? Why is it in a great meaſure confined to particular countries?

172. When is a miliary eruption to be conſidered as ſymptomatic, and when as a primary diſeaſe? It is found in all kinds of fevers, eſpecially where a hot regimen has been uſed, and where profuſe and long continued ſweatings have been the conſequence. Many people have it when they ſweat, tho'

they have no fever.—It is moſt common to lying-in women; but theſe are generally kept in a conſtant ſweat.—In ſome caſes it is ſalutary and critical.

173. Sometimes, though rarely, it is contagious, eſpecially by contact.—Thoſe of relaxed and debilitated habits, of weak nerves, and thoſe ſubject to coſtiveneſs, are moſt ſubject to it.

174. What connection is there between miliary eruptions and aphthae?

175. Miliary eruptions are intirely different from petechiae, which ſeem to be always ſymptomatic, and generally attendant on putrid fever. Whence do petechiae proceed? Were they known to the ancients?

176. It is impoſſible to ſay any thing poſitive in regard to the cure, as theſe eruptions are ſymptoms of fevers of oppoſite kinds, and requiring oppoſite management,

and

and as they are ſo generally the mere effects of a hot regimen and profuſe ſweats.

177. When they appear ſpontaneouſly and relieve the patient, care ſhould be taken that they be not repelled by the imprudent application of cold, evacuations, or by any thing that weakens the nervous power.—If, in conſequence of any of theſe cauſes, they go ſuddenly in, and the ſymptoms, art. 169. come on, bliſters, wine, cordials, and ſometimes opiates, may be neceſſary; but, in general, this and every other critical evacuation, or tranſlation, is beſt promoted by a cool regimen, which commonly invigorates the ſyſtem, at the ſame time that it moderates the fever; whereas, the tendency of whatever heats the patient is, to inflame the febrile ſymptoms, to prevent all critical evacuations and tranſlations, and often to produce ſuch evacuations as are merely colliquative or ſymptomatic.

178. When the ſymptoms do not remit upon

upon a miliary eruption, it is to be conſidered as ſymptomatic.

179. When there are ſucceſſive eruptions of miliary puſtules, with profuſe ſweats, the bark is one of the beſt medicines.

ERYSIPELATOUS FEVER.

180. This fever is attended with a ſuperficial diffuſed inflammation, of a ſhining roſy colour, which diſappears on the ſlighteſt preſſure, and ſeizes only a particular part of the body at once.

181. It is commonly preceded, for a day or two, by the ſymptoms of inflammatory fever, with ſizy blood. After its appearance, it continues to increaſe for two or three days, with a ſenſation of burning heat, then gradually diſappears, the ſkin turns yellowiſh, and the cuticle ſcales off. It is moſt frequent on the face, where, after ſome time, it commonly moves from one ſide to the other,

with a conſiderable ſwelling, covered with little puſtules, which exude a viſcid matter. This is often attended with a delirium, head-ach, or coma. Next to the face, it is moſt common in the leg, attended with a painful ſwelling, extending up the thigh.

182. The fever often ſubſides on the eruption, but ſometimes continues, eſpecially when the face is affected. Sometimes the eryſipelas appears at the ſame time with the fever, and ſometimes, though very rarely, precedes it.—It is often an attendant on putrid fever.

183. It muſt be diſtinguiſhed from erythema, which is without fever, is ſymptomatic in many diſeaſes, and is the effect of various external injuries.—It is diſtinguiſhed from phlegmon, by the ſwelling not being pointed nor circumſcribed, and by turning white on the ſlighteſt preſſure.

184. It

184. It ſometimes is carried off by a ſweat, copious diſcharge of urine, or bleeding at the noſe; but the fever and eryſipelas moſt frequently go away by degrees, without any ſenſible criſis. It rarely ſuppurates, if not improperly treated; but, when it does, the ulcers heal with great difficulty. It often terminates in a gangrene in old people, when it affects the extremities, and when it is combined with putrid or peſtilential fever.

185. It ſometimes diſappears ſuddenly, eſpecially in conſequence of cold repellent applications, or of a very hot regimen; and, in ſuch caſes, there come on exceſſive anxiety, proſtration of ſtrength and ſpirits, ſickneſs, vomiting, and inflammation of the viſcera.—Is there any other evidence of an internal inflammation being of the eryſipelatous kind, beſides its being the conſequence of an external repelled eryſipelas? Or, ſuppoſing there were any peculiar ſymptoms to diſtinguiſh it, would the diſcovery of them be of any practical uſe?

186. In ſound conſtitutions it is ſeldom dangerous, unleſs ſometimes when it affects the face, and is attended with violent delirium, coma, or ſtupor.—It is often fatal to old people, and to thoſe of morbid and debilitated habits.

187. Prediſponent cauſes are,

1. Hereditary diſpoſition.

2. Previous eryſipelas.

3. A certain age, rather after the prime of life.—Children and infants are not ſubject to it.

4. Plethora; ſanguine irritable habit.

5. Conſtitution broken by a warm climate.

188. Occaſional cauſes are,

1. Cold.

2. Irregularities in diet.

3. Violent paſſions.

4. Suppreſſion of uſual evacuations.

5. A certain ſtate of the air, rendering it epidemic; but this is very rare.—Is it ever contagious?

189. It

189. It is an inflammation affecting the ſkin alone, except in a few caſes, where it extends to the cellular membrane, and then it is apt to ſuppurate. Is there an effuſion in eryſipelas, and of what kind is it? In what does the ſpecific prediſpoſition conſiſt?

190. It ſometimes ſeems critical, by its curing ſpaſmodic colicks, and ſpaſmodic aſthmas. It is frequently very mobile. Has it any affinity with the gout?

191. When the fever is of the inflammatory kind, the antiphlogiſtic regimen is proper; but, unleſs the head is affected, or the ſymptoms uncommonly violent, neither bleeding nor any other evacuations are neceſſary, as the diſeaſe runs its courſe without any danger; but, when it attacks the face, it generally communicates itſelf to the brain, and then repeated general and topical bleeding is neceſſary, along with cooling laxatives, whatever tends to take off the

determination to the head, pediluvia, bliſter, ſedative diaphoretics.

192. The beſt external application is ſoft wool or fur. Spirituous, acid, aſtringent, or cold applications, are dangerous, as repellents.—Emollient fomentations and cataplaſms tend to induce ſuppuration. Farinaceous powders, or chalk ſprinkled on the part, abate the heat, but are often inconvenient, by forming a cruſt with the matter that exudes through the ſwelling; —cabbage or vine-leaves, are a cooling and ſafe application.

193. When the eruption ſeems critical, evacuations are improper.—A cordial regimen, and Peruvian bark, may be neceſſary, where it is attended with putrid fever, or great depreſſion of the *vis vitae*.

PLAGUE.

194. This diſeaſe is a nervous or putrid fever, highly contagious, diſtinguiſhed by ſwell-

ſwellings of the lymphatic glands, chiefly of the inguinal, parotid, or axillary, appearing during the courſe of the diſeaſe, and tending to ſuppuration; or by an eruption of carbuncles.

195. The ſymptoms are various in different ſeaſons, and in different people. They are ſometimes ſo virulent as to prove mortal in a few minutes, the patient being ſuddenly ſeized with a violent pain in the heart, vertigo, and vomiting.—Sometimes it has been ſo mild, that, after a few hours continuance of fever, buboes have appeared, and the patient has ſuffered no confinement while the ſwellings advanced to ſuppuration.

196. It generally begins with a coldneſs, ſucceeded by great heat, eſpecially internally, heavineſs of the head, ſtupor, or a confuſion of the head, like what is the conſequence of drunkenneſs; vertigo; exceſſive proſtration of ſtrength and depreſſion of ſpirits; ghaſtly look; delirium; eyes red, roll-

ing, and ſparkling; fluſhed face, frequent, irregular, feeble, often tenſe pulſe; thirſt; whitiſh tongue; nauſea; bilious vomitings and ſtools; urine various, turbid, whitiſh, black, bloody; ſweating often foetid; breathing very various; foetid breath; petechiae, (which ſometimes appear after death;) haemorrhages; tremblings; convulſions; faintings, in which the patient often expires; ſometimes frequent paroxyſms and remiſſions.—After death, the body quickly putrifies.

197. Its duration is uncertain.—Buboes appear at uncertain times, the ſooner the better, and are commonly a favourable criſis; they generally ſuppurate, ſometimes turn ſchirrous, ſometimes diſcuſs without ſuppuration, and the patient recovers; but, when they diſappear ſuddenly, it is commonly fatal, though the patients, in this caſe, have, it is ſaid, been ſometimes ſaved by a diſcharge of purulent urine. They ſometimes come out without any previous fever, like the

the mildeſt ſmall-pox, which ſtand in place of the plague.—The ſuppuration advances faſteſt when the fever goes off.

198. Carbuncles appear at different times, moſtly on the back and limbs, ſeldom exceeding ten or twelve.—The parts firſt itch, and, upon ſcratching, the carbuncles come out with great heat and pain.—Sometimes the carbuncles are favourable, but are oftener ſymptomatic.

199. There is ſeldom any criſis by an evacuation; but early ſweats (often preceded by a bleeding at the noſe) have ſometimes proved critical. Vomiting and purging early in the diſeaſe have ſometimes been ſalutary, and promoted the appearance of buboes, which ſeem to be the only perfect criſis.

200. Prediſponent cauſes are,

1. Whatever depreſſes the nervous power;

—great fear, grief, anxiety, poor low diet, want of neceſſary food.

2. Whatever increaſes putreſcency of the ſyſtem, want of exerciſe and uſual labour, eſpecially in the lower claſs of people who are accuſtomed to it, and, in conſequence of this, to perſpire copiouſly; living upon putrid animal food; want of freſh vegetables, good bread, ſugar, wine, and other antiſeptics; foul air, in conſequence of naſtineſs, and the want of free ventilation, which is ſeldom found in the houſes of the lower claſs of people, among whom this diſeaſe is moſt frequent and fatal.

3. Hot, moiſt air, replete with putrid effluvia;—it abates or goes off on the approach of winter;—yet, at Aleppo, became mildeſt in Auguſt.—Does it appear, by ſucceſſive obſervations, that the decreaſe of the plague there was in proportion to the heat of the weather?

201. People who are reſolute, ſober, cleanly, of a thin habit, ſubject to the piles, who have

have running ſores, who are phthiſical or gouty, are ſaid to be leſs ſubject to it.—Do other epidemic diſeaſes ceaſe during the time it prevails?

202. The occaſional cauſe is, ſpecific contagion. It ſeems to be the endemic diſeaſe of the Levant, from whence it is conveyed to different parts of Europe.—A certain ſtate of the air, which has not been yet ſpecified, muſt concur to render the contagious matter active.—The ſource of the contagion cannot always be traced.—It is not found in the Eaſt or Weſt-Indies. The contagious matter does not ſeem to extend far from the patients, or from any other bodies to which it adheres.—Is any difference aſcertained between the virulence of the contagious matter proceeding immediately from thoſe affected with the plague, and that proceeding from other bodies to which it has been long adhering? Does it ever ariſe from any other cauſe than contagion? Buboes and parotis are ſometimes critical in putrid fevers. In what re-

ſpect

ſpect do ſuch putrid fevers differ from the plague?

203. The contagious matter debilitates and diſorders the nervous power, before it produces any ſenſible change upon the blood, though, in the progreſs of the diſeaſe, an evident putreſcency is uſually induced.—In what manner do buboes prove critical? Or are they to be conſidered only as ſigns of a criſis?

204. The diſeaſe uſually attacks patients but once. What are the exceptions to this general obſervation? Does one infection ſecure a patient againſt future infections during his life, or only during that epidemic plague with which he was previouſly affected?

205. Diſſections of the morbid bodies have diſcovered the viſcera, particularly the heart, to be greatly enlarged. Gangrenes, abſceſſes, congeſtions, effuſions, have appeared, and ſometimes nothing preternatural.

206. It

206. It is impoſſible to eſtimate the mortality naturally conſequent upon the plague, becauſe the people affected by it were never placed in the ſame ſituation with thoſe labouring under other diſeaſes.—Wherever it has raged, eſpecially out of Turky, the ſituation of the ſick has been peculiarly unfavourable. It has ſeized people, totally enervated by fear, and rendered ſickly in conſequence of a total ſuſpenſion of their uſual labour, and under the influence of all theſe circumſtances mentioned art. 201. as prediſponent cauſes.—Amidſt ſuch a ſcene of deſolation and miſery, numbers muſt have periſhed for want of the common neceſſaries of life, for want of aſſiſtance of every kind, even of the neceſſary attendants to perform the common duties of humanity; or from being crowded together in hoſpitals, where foul air, and many other circumſtances, concurred to heighten the malignity of the diſeaſe.—There is reaſon to believe, that the feeble aid offered by medicine has, in general, been far from leſſening the fatal effects

of

of the diſtemper; perhaps owing to phyſicians being unacquainted with the diſeaſe, to their unhappy attachment to a hot regimen, and to other cauſes ſufficiently obvious.

207. If the diſeaſe is to be left to Nature, and the phyſician propoſes only to aſſiſt or regulate her efforts, the indications of cure are the ſame as in the putrid fever, art. 102. Critical abſceſſes are intirely the work of nature, which medicines may eaſily counteract, but cannot aſſiſt. When they appear, if any applications are proper, they are only thoſe of the emollient and relaxing kind. Carbuncles muſt be treated like any other gangrenous ſores.

208. The cure has been attempted, without any regard to nature's plan,

1. By a very large bleeding in the beginning.—This method has had but an imperfect trial.—What are the circumſtances that indicate the propriety of it?

2. By

2. By exciting a profuſe ſweat in the beginning, and ſupporting it for a long time. This has had no full trial. Have not the hot ſtimulating ſudorifics, which have been ſo generally preſcribed during the whole courſe of the diſeaſe, tended only to extort ſucceſſive partial ſweats, and to aggravate all the ſymptoms?

209. What might be expected from antimonials given in full doſes, on the firſt attack of the diſeaſe? What might be expected from the Peruvian bark given (after cleanſing the *primae viae)* in the largeſt poſſible doſes, along with the liberal uſe of wine, and the free application of cold? Are iſſues indicated in the diſeaſe itſelf, or as preſervatives?

210. The prevention of the plague depends,

1. On avoiding any communication, at leaſt, beyond certain bounds, with infected people,

people, or with ſuch bodies as retain the contagious matter.

2. On deſtroying or diſſipating the contagious matter adhering to bodies, by proper ventilation, waſhing with vinegar, or ſmoking with ſulphur.

3. On rendering the body unſuſceptible of the contagion, by the means pointed out in regard to the putrid fever, art. 103.

INFLAMMATION.

211. Inflammation is defined by heat, redneſs, pain. It is generally attended with hardneſs, ſwelling, pulſation, increaſed ſenſibility and irritability, along with impaired function of the part, ſizy blood, fever, ſpaſm. The degree of theſe depends on the nature of the part affected. It gets different names according to its appearance, its remote cauſes, and the parts affected.

212. It is produced,

1. By

1. By the application of certain external ſtimuli; from wounds, ſprains, contuſions, exceſſive heat, cold and acrid applications.

2. By the ſame remote cauſes as inflammatory fever.

213. What is the proximate cauſe of inflammation? Does it ariſe from obſtruction, and *error loci*, in conſequence of lentor of the blood; or from ſpaſm of the veſſels, ariſing from any acrid matter applied to them, or from over-diſtenſion? Or does it ariſe from ſome latent ſtimulating cauſe in the nervous ſyſtem, without either lentor or acrimony in the fluids? May it not proceed ſometimes from relaxation of the blood-veſſels?

214. Inflammation ſeems to be always attended with increaſed action of the contiguous blood-veſſels, with increaſed determination and congeſtion of blood;—often with effuſion and *errores loci*, with ſpaſmodic affections, and ſometimes with increaſe, ſome-

times with diminution of the ſecretions in the parts affected, or in the adjacent parts.

215. The ſymptoms of inflammation are ſometimes confined to the parts affected; but, when violent, they produce general fever, which is commonly inflammatory, though ſometimes it is of the putrid kind.—Sometimes various morbid affections of the nervous ſyſtem, without any fever, are occaſioned by topical inflammation.

216. Inflammation terminates,

1. By reſolution which is often produced, or, at leaſt, attended by ſome general or topical evacuation, or inflammation in ſome other part; though it may happen without any of theſe.

2. By effuſion or exudation. There is a viſcid matter reſembling pus, that exudes from the ſurface of inflamed membranes, which ſometimes concretes into a kind of membrane, and produces adheſions to the neighbouring parts.

3. Suppuration.
4. Gangrene.
5. Schirrus.

217. Whence proceed the heat, redneſs, ſwelling, pain, fever, and other ſymptoms of inflammation?

218. The cure is to be attempted by procuring a reſolution of the inflammation. The indications are,

1. To remove remote cauſes.

2. To remove general inflammatory fever by the remedies mentioned art. 72. and to remove putrid fever when preſent, by the remedies art. 102.

3. To remove the topical affection, increaſed action of the veſſels, topical congeſtion and ſpaſm, by topical bleeding and bliſtering, by what determines to the ſurface without heating the patient, mild emetics, warm emollient applications, and ſometimes by refrigerants, repellents, and anodynes.

219. What are the particular advantages of making a ſudden depletion of the veſſels, by taking away a large quantity of blood at once from a large orifice? What are the advantages of arteriotomy? Whether ſhould blood be taken from a veſſel as near or as remote as poſſible from the part affected? May not the loſs of large quantities of blood in the cure of inflammations be often prevented by the uſe of remedies as efficacious, and leſs injurious to the conſtitution?

220. What cautions are neceſſary in regard to the application of cold, eſpecially to the uſe of cold drink in phlegmaſiae?

221. When is the topical application of refrigerants and repellents proper? and when are warm and relaxing applications to be preferred?

222. Is the general opinion of the impropriety of giving opiates founded on direct experience, or on an hypotheſis of their mode of operation?

SUP-

SUPPURATION.

223. The ſymptoms which ſhow that an inflammation is likely to terminate in a ſuppuration, are, a continuance of the pain beyond a certain time, (which depends very much on the nature of the part affected;) the ſwelling riſing to a point; throbbing pain, (different from the pungent pain that attends a recent inflammation;) frequent returns of cold and ſhivering fits; leſs hardneſs of the pulſe; hectic fever. Some indolent tumors ſuppurate ſlowly, without theſe ſymptoms. Is pus ever formed without previous inflammation?

224. When a ſuppuration is formed, the pain remits, the part becomes ſoft and white on the apex, a fluctuation is felt, and the febrile ſymptoms generally diſappear.

225. The purulent matter may remain a longer or ſhorter time in the ſtate of an ab-

ſceſs, which may break either externally or into any cavity of the body, or may be abſorbed. The matter diſcharged from the ruptured abſceſs either gradually leſſens, and the wound heals up, or it becomes an open ulcer, and may diffuſe itſelf to the neighbouring parts, producing fiſtulas, &c.

226. The ſeat of abſceſſes is the cellular membrane. The purulent matter cannot diffuſe itſelf through the cells of this membrane, like air, ſerum, &c. becauſe it is either contained in a cyſt, or the cavity in which it is contained is encompaſſed with inflamed veſſels, which harden and unite the fibres and laminae of the cellular membrane, in ſuch a manner, as to render it impermeable.

227. The cavity of an abſceſs will enlarge in proportion to the accumulation of matter, and will naturally dilate where it meets with leaſt reſiſtance. The weight of matter diſpoſes them to burſt in the moſt depending part,

part, where artificial openings ſhould always be made.

228. In what manner is pus formed? Does it conſiſt of extravaſated fluids and diſſolved ſolids mixed, with ſome degree of putrefaction? Or is it produced by a kind of ſecretion, from veſſels altered in a certain way by inflammation? Or is it the conſequence of the effuſion of fluids, where the thinner parts of them are exhaled or abſorbed, and the remaining part, perhaps from ſome peculiar fermentation, becomes pus? From the fleſh and ſtrength waſting ſo much when there are great purulent diſcharges, it would ſeem, that pus is principally compoſed of the nutritious part of the blood.

229. Laudable pus is of a whitiſh colour, thick, and not foetid; when ſuch matter is diſcharged from an abſceſs or ulcer, an incarnation ſoon takes place; but this never happens while the matter diſcharged is thin,

bloody, and foetid, and the lips of the ulcer callous.

230. Whence ariſe the cold fits which attend a ſuppuration when forming, and the hectic which often attends abſceſſes and ulcers?

231. The nature of the purulent diſcharge depends partly on the general ſtate of the ſyſtem, partly on the particular ſtate of the part affected.

232. Suppuration is promoted by external emollient applications, fomentations, poultices, plaſters.—The ſuppuration of glandular ſwellings is ſometimes forwarded, or the tumor entirely diſſolved, by mercury or cicuta taken internally.

233. In general, it is beſt to let an abſceſs break of itſelf, or at leaſt, not to open it till the pus is perfectly formed. When it is opened ſooner, the conſequence is often inflammation and obſtinate ulcers. In ſome

critical abſceſſes, and ſome other particular circumſtances, it has been found neceſſary to open them ſooner.

234. The matter of an abſceſs is ſometimes gradually evacuated by a ſet on, altho' the needle had not reached the cavity.

235. Pus itſelf ſeems the beſt application to wounds and ulcers, as it forms a bed for the new veſſels and fibres to ſhoot in. Wounds therefore ſhould be ſeldom dreſſed, and the purulent matter ſhould not be wiped away.

236. A laudable ſuppuration in ulcers, (without which an incarnation ſeldom takes place,) is promoted,

1. By external applications of various kinds, ſuited to the nature of the part; ſometimes by ſuch as induce a new inflammation, as eſcharotics, or by paring the lips of the ulcer;—but, in general, dry dreſſings are beſt, as leaſt ſtimulating.—Tents, by con-

ſining the matter, are apt to render it acrid, and to produce fiſtulas, and, by their ſtimulus, inflame the parts.

2. By internal remedies, and ſuch a regimen as tends to remove any general indiſpoſition in the habit which prevented the generation of good pus,—as mercury, Peruvian bark, cicuta, mineral waters, cathartics, &c. Have any medicines a ſpecific effect in promoting a laudable ſuppuration, or the incarnation of wounds, beſides the effect they may have in removing any particular indiſpoſition which prevented ſuch incarnation?

237. How may the bad effects of pus, when abſorbed into the maſs of blood, be prevented?

GANGRENE.

238. A gangrene is defined by inſenſibility, livid or black colour, coldneſs, loſs of elaſticity and power of motion, the cuticle riſing in bliſters, and being eaſily ſeparated, and

and by a putrid diſſolution of the part. Sphacelus is the higheſt degree of gangrene.—There is a kind of gangrene which is a chronic diſeaſe, where generally, after ſtupor or pain, the parts become inſenſible and dry like mummy, without foetor or putrid diſſolution.

239. An internal gangrene is known by the preceding ſymptoms of inflammation, particularly pain ceaſing ſuddenly, and being ſucceeded by a quick weak intermittent pulſe, anxiety, coldneſs of the extremities, cold ſweats, ſometimes delirium or convulſions.—Many of theſe ſymptoms are attendant on external gangrene. The quickneſs of its progreſs depends on many circumſtances.—It often ſtops ſpontaneouſly, and ſeparates from the ſound fleſh.

240. It may proceed from cauſes external or internal, from an increaſed or from a diminiſhed action of the veſſels of the part; from,

1. What-

1. Whatever produces violent inflammation, particularly eryſipelas, contuſions, burning.

2. Compreſſion and obſtruction, as in hernias.

3. Great cold, eſpecially if the part is afterwards ſuddenly expoſed to a ſtrong heat.—This gangrene is preceded by itching, tingling, and redneſs.

4. Any thing cold and repellent, or very acrid and ſtimulating, applied to a part highly inflamed.

5. Any wound where a very great degree of putrid diatheſis prevails.

6. Wounds in dropſy, eſpecially in oedematous ſwellings of the lower extremities.

7. Extreme weakneſs, palſy, and old age; —where it commonly happens in the extremities, or in parts on which the weight of the patient's body has long reſted.

8. Critical metaſtaſes.—Has any thing taken internally a ſpecific effect in producing gangrene?

241. It is ſometimes merely a local diſeaſe, but ſometimes it ſeems to act as a putrid ferment, infecting the general ſyſtem, and depreſſing the nervous power.—When the tone of the veſſels is unimpaired, effuſed blood, &c. is abſorbed without producing gangrene.

242. The prognoſis depends on the age and temperament of the patient, on the quick or ſlow progreſs of the diſeaſe, and on its being local, or having extended to the ſyſtem.

243. The indications of cure are,

1. To remove occaſional cauſes.—In a gangrene threatened or induced by cold, heat muſt be applied very gradually.

2. To prevent the morbid matter from affecting the ſyſtem,—by antiſeptics, tonics, wine, Peruvian bark, amputation.

3. To promote a ſuppuration, by Peruvian bark, warm ſtimulating applications.—

What

What are the effects of ſcarifications, and how deep ſhould they be made?

PHRENITIS.

244. A phrenitis is an acute fever, with a violent and permanent delirium.

245. It is commonly preceded by intenſe heat and pain of the head, a ſlight delirium, inflammation of the eyes, fluſhed and ſwelled countenance, want of ſleep, or diſturbed ſleep, violent pulſation of the carotid and temporal arteries, *tinnitus aurium*, great ſenſibility to light and noiſe, and often by coldneſs of the extremities, ſuppreſſion of urine, or the urine ſuddenly becoming quite limpid, coſtiveneſs, parched tongue, dropping of blood from the noſe.

246. The ſymptoms of phrenitis are the ſame with thoſe of a violent inflammatory fever, along with a conſtant delirium, a wild fierce look, uncommon exertions of ſtrength,

ſtrength, all the appearances of an increaſed determination or congeſtion of blood in the head, the pulſe various in regard to hardneſs and fullneſs, deep breathing. It ſometimes, though rarely in this climate, ſeizes the patient without any previous fever.—It is idiopathic or ſymptomatic.

247. It ſeldom laſts beyond the fifth day, and has a criſis by ſweating, diarrhoea, haemorrhage from the noſe, uterus, or anus. It often terminates, when it proves fatal, in lethargy or convulſions. It is ſometimes ſucceeded by vertigo, weakneſs, and inflammation of the eyes, dullneſs of hearing, headach, madneſs, or idiotiſm.

248. The particular unfavourable ſymptoms are, vomiting of greeniſh ſtuff, ſuppreſſion of urine, grinding of the teeth, conſtant ſpitting, obſtinate refuſal to drink, *ſubſultus tendinum*, trembling.

249. The

249. The predisponent causes are, youth, an irritable system, hot weather.

250. The occasional causes are, the general causes of inflammatory fever, along with such as determine the blood in greater quantity to the head.

1. Violent passions;—intense application of mind.

2. Exposure to light and noise in an inflammatory fever.

3. Insolation.

4. Metastases from peripneumony, erysipelas, &c.

5. External injuries.

251. The proximate cause seems to be an inflammation of the meninges or substance of the brain. Can it be known by the pulse, or otherwise, whether the meninges, or brain itself, be affected? Or is it of consequence to know it? Dissections have discovered such inflammations, suppuration, effusion, &c. and sometimes, it is said, nothing preternatural

tural in the head.—Has an inflammation of any particular part of the brain, or of its membranes, any ſpecific effect in bringing on phrenitis? Diſſections have exhibited much the ſame appearances in thoſe who have died of phrenitis, convulſions, apoplexy, lethargy, violent headach, &c.

252. The indications of cure are,

1. The ſame as in inflammatory fever;—large and repeated bleedings, cooling laxatives, and the ſtrict antiphlogiſtic regimen.

2. To take off the increaſed determination of blood to the head; and to remove topical congeſtion by topical bleeding, antimonials, purgatives, clyſters, pediluvia, bliſters, ſhaving of the head, cooling epithems, laying the head high, and allowing the patient to be as much out of bed as he pleaſes.

3. To take off the attention from whatever is diſagreeable, to introduce new and pleaſing ideas, to ſooth the mind by every poſſible art, by muſic, or whatever makes a

gentle

gentle but uniformly continued impreſſion on the ear.

253. To what extent, and in what manner may cold be applied, cold air, cold drink, effuſion of cold water, upon the head, &c.? Can bliſters be properly applied early in the diſeaſe, when there is an high degree of irritation on the ſyſtem? Can opiates be uſed with ſafety and propriety?

OPHTHALMIA.

254. An ophthalmia is diſtinguiſhed by a redneſs of the white of the eye, pain, and impatience of light.

255. An ophthalmia ſometimes happens without any fever, but it is generally attended with ſome degree of it, along with heat, ſwelling of the eye-lids, diminution of ſight, a feeling as if a mote were in the eye, and as if flies were moving before it. When the inflammation is ſevere, and extends to all

the parts of the eye, the pain is very violent, with acute fever, headach, delirium, &c. There is ſometimes a great ſerous diſcharge from the eyes, ſometimes a painful dryneſs, but always a viſcid matter about the eye-lids in the morning, which makes it difficult to open them. An inflammation of one eye is commonly ſucceeded by an inflammation in the other.

256. It terminates commonly in reſolution, but rarely in ſuppuration or effuſion of the humours of the eye, which only happens in conſequence of a violent inflammation affecting the whole globe of the eye.—Sometimes it leaves ſpecks on the cornea, opacity of the humours, and blindneſs.—A diarrhoea often removes it.

257. It is idiopathic or ſymptomatic. According to the different parts of the eye or eye-lids affected with inflammation, different names are annexed to it.

258. Remote cauſes are,

1. General cauſes of inflammation.

2. External injuries, blows, luminous objects, night-ſtudies, cold or hot winds, with ſand floating in the air, acrid and metallic fumes, hairs or tubercles within the palpebrae.

3. Particular tendency of ſome diſeaſes to affect the eyes, as ſmall-pox, meaſles, catarrhal fever, ſcrophula, ſyphilis.

4. Various diſeaſes of the head, as phrenitis, hemicrania, tooth-ach.

5. Unknown circumſtances, ſeemingly analogous to what produce intermittent fevers, which render it periodic.

6. A certain ſtate of the air rendering it epidemic. Is it ever contagious?

259. It ariſes from an inflammation of the *tunica albuginea*, and the red globules evidently get into veſſels not naturally fitted to receive them. It is generally a febrile diſeaſe of the inflammatory kind, attended with increaſed determination of blood to the

eye, and increaſed action of its veſſels; but ſometimes it is attended with no degree of fever, and ſeems owing to topical relaxation of the veſſels. The inflammation may ariſe from the acrimony of the fluids that moiſten the eye; but the inflammation may likewiſe produce that acrimony, by altering the texture of the ſecretory organs of theſe fluids.

260. The firſt queſtion regarding the cure is, Whether the diſeaſe be idiopathic or ſymptomatic? If it is ſymptomatic, the cure muſt be directed to the primary diſeaſe. If it is idiopathic, and the ſymptoms be violent, it will bring on inflammatory fever, and muſt be treated as ſuch.

261. If it is merely a topical affection, but attended with great tenſion and pain, the cure depends upon

1. Topical bleeding in the temples, internal palpebrae, and albuginea.

2. Cathartics.

3. Avoiding irritation, particularly light, and whatever keeps the eyes hot, or occaſions any exertion of them.

4. Bliſters, iſſues.

5. Emollient applications.

6. Anodynes.

7. Keeping up a free perſpiration, ſhaving the head, keeping the extremities warm.

8. Removing remote cauſes.

262. If the inflammation ſeems to proceed chiefly from relaxation, the cure depends upon

1. Tonics, Peruvian bark, ſteel-mineral waters.

2. Cold bathing, general and topical.

3. Gently ſtimulating and aſtringent external applications, ſcarifying the eyes and eyelids.

4. Errhines.

263. In what caſes are mercurial medicines, internal and external, proper?

ANGINA.

264. The name *angina* is commonly applied to any diſorder in the organs of reſpiration or deglutition that impedes thoſe functions, provided that diſorder be ſeated above the lungs. I ſhall particularly conſider the angina attended with fever, pain, and ſenſation of ſtricture in the throat. The fever is either inflammatory or putrid; which laſt attends the gangrenous ſore throat.

265. Angina with the inflammatory fever, which I am to treat of firſt, is attended with different ſymptoms, according to the parts affected. When it affects the fauces, tonſils, *velum pendulum*, and uvula, (which is the moſt common ſpecies of angina,) the ſymptoms are, redneſs and ſwelling of the parts, great difficulty of deglutition, eſpecially ſometimes of liquids, no breathing through the noſe, the breathing otherwiſe not affected, conſtant glutinous ſpitting, pain and

crackling in the ear, ſome degree of deafneſs, the drink ſometimes getting into the trachea, or returning by the noſe.—It commonly moves from the one ſide to the other.—It often terminates in ſuppuration, ſometimes in very ſmall abſceſſes, which leave ſloughy ulcers;—it is ſeldom dangerous.

266. When the trachea is affected, the ſymptoms are, great dyſpnoea, no difficulty of ſwallowing, no apparent redneſs or ſwelling, a ſharp wheezing voice, which ſeems as if it were paſſing through a metallic tube, ſenſation of heat and dryneſs in the part affected, irregular pulſe, and at laſt, (if it does not terminate favourably,) orthopnoea, and the ſymptoms of peripneumony.—The nearer the diſeaſe to the glottis, the more ſevere and dangerous the ſymptoms.

267. The croup is attended with the ſymptoms art. 266. and the larynx ſeems particularly affected, the inſpiration reſembles

bles the crowing of a cock, with hoarſeneſs, and hard hoarſe cough;—but it is peculiar in affecting only children under twelve years of age, and being in a great degree confined to certain ſituations, chiefly low and damp.—It is generally attended with inflammatory, though ſometimes with putrid fever, and is often accompanied with ſevere ſpaſmodic affections. There is often a purulent exudation from the inflamed parts, which ſometimes puts on a membranous appearance.—Is it infectious?

268. There is a ſpecies of angina where the ſwelling is external, affecting principally the parotid and maxillary glands, which does not obſtruct reſpiration, and ſcarcely deglutition.—It affects chiefly children.—Does it attack above once in a life? Swellings in the throat may be ſituated ſo as to prevent the free return of the venous blood from the head, which likewiſe happens when the reſpiration is much affected. In theſe caſes, various ſymptoms occur,

which are the conſequence of congeſtion of blood in the head.

269. There is a ſlight ſpecies of angina, where there appears to be only a ſerous congeſtion in the fauces and elongation of the uvula.

270. Angina is ſymptomatic in various diſeaſes, and may proceed from ſpaſm, palſy, compreſſion, from tumors of various kinds, but eſpecially ſchirrous tumors of the tonſils, or in the oeſophagus.

271. An inflammatory angina terminates

1. By reſolution;—often attended with ſweating, diarrhoea, haemorrhage, metaſtaſis to ſome external parts.

2. Suppuration.

3. Schirrous tumors.

4. Gangrene.

5. Fatal metaſtaſes to the lungs or head.

272. The remote cauſes are,

1. The ſame with thoſe of inflammatory fever,

fever, eſpecially when conjoined with any circumſtances that determine their effects to the throat.

2. Previous angina.

3. Something ſticking in the throat;—calculi.

4. Acrid effluvia.

5. Certain ingeſta, and certain diſorders of the ſyſtem, which ſpecifically affect the throat.—Mercury, the venereal virus, ſcarlet fever.

6. A certain ſtate of the air rendering anginas epidemic.

7. Contagion.

273. The indications of cure are,

1. To remove remote cauſes.

2. To promote a reſolution by the remedies mentioned article 72, particularly general and topical bleedings, cooling cathartics, bliſters, pediluvia, gargariſms, breathing over the ſteams of warm water, injections into the throat, emollient, and ſometimes ſtimulating

mulating external applications, fomentations, flannel.

3. To promote a favourable termination by a ſuppuration,—by emollient injections, gargles, poultices, opening the abſceſs.

4. To ſupply the want of food and diluting liquids, by nutritive clyſters, fomentations.

5. To prevent ſtrangulation, when the breath is greatly affected, by bronchotomy.

274. When are emollient gargles and emollient external applications proper? and when are aſtringents and repellents to be preferred? Is there any neceſſity for general bleeding in a common angina, where the breathing is not affected, and the fever not high? When can emetics be properly uſed, particularly in the croup? Is there reaſon to believe that any medicine has a ſpecific effect in the cure of angina?

GANGRENOUS ANGINA.

275. Defined, a ſwelling and redneſs of the fauces and tonſils, with ſloughy ulcers, which ſoon turn gangrenous, attended with putrid fever.

276. It begins with alternate fits of chillineſs and heat, vertigo, ſmall irregular pulſe, though it is ſometimes full, remarkable proſtration of ſtrength and ſpirits, faintiſhneſs, anxiety, ſighing, oppreſſion at the ſtomach, dull watery eyes, pale or whey-coloured urine, white moiſt tongue, little thirſt, dry ſkin, heavineſs and confuſion of the head, drowſineſs, bloated countenance, with oedematous ſwelling of the face, ſickneſs, vomiting and purging, which commonly go off when the efflorescence appears on the ſkin, nocturnal exacerbation.

277. The fauces are of a ſhining crimſon or ſcarlet colour, with interſperſed white or aſh-coloured ſpots, which are firſt diſcovered

vered in the tonſils or in the angles above them: Upon theſe caſting off, ſloughy or foul ulcers are diſcovered underneath, which ſoon put on a gangrenous appearance. The parotid and maxillary glands and tonſils are ſwelled, which makes the neck ſtiff; but there is rather a ſenſe of fullneſs in the throat, than any conſiderable difficulty of ſwallowing;—the voice is hoarſe and obſcure. It ſometimes begins rather with a rawneſs and ſoreneſs than pain of the fauces.

278. About the ſecond or third day, a ſcarlet or crimſon efflorescence or eryſipelas, often with puſtules, is frequent on the neck, breaſt, arms, and hands (which are often ſtiff). Towards the end, there is, when it terminates unfavourably, a general tendency to putreſcency, foetid breath, foetid ſtools, petechiae, haemorrhages, eſpecially from the noſe, from which there is often an acrid and putrid diſcharge; and the laſt ſymptoms are, *ſubſultus tendinum*, delirium, and coma.

279. Its

279. Its duration is various; it has no regular criſis; but gentle ſweats, which are commonly attended with itching, give relief;—when there is a plentiful diſcharge by the mouth, there is little ſickneſs or purging. In the beginning, it has ſometimes the ſymptoms of inflammatory fever, with which it may be combined in different degrees; but, in general, the blood is of a looſe texture, and the loſs of it ſinks the patient remarkably.

280. It ſeizes chiefly children, eſpecially girls, and thoſe of ſickly relaxed habits, to whom it is moſt fatal.—It is moſt general in the autumn, and in warm cloſe ſeaſons.—It is contagious, and the contagion is ſpecific.—The whole mucous membrane ſeems to be affected.

281. The general indications of cure are the ſame as in putrid fever; bleeding and cathartics do miſchief; gentle vomits and bliſters are occaſionally of uſe. Acids and neutral ſalts by themſelves often do hurt.—

The

The principal remedies are, Peruvian bark, wine, antiſeptics, injections into the throat, ſteams of vinegar and myrrh directed into the fauces. Are ſcarifications proper?

CATARRHAL FEVER.

282. Defined, a fever, generally but ſlight, with an irritation of the mucous membrane of the noſe, fauces and bronchiae, and commonly an increaſed evacuation from it.

283. Its ſymptoms are, chillineſs, (in the beginning), head-ach, languor, thirſt, heat, redneſs and ſtraitneſs of the noſe and fauces, and afterwards a ſtuffing of the noſe, and acrid diſcharge from it, increaſe of all the ſecretions in the fauces, ſneezing, irritation about the larynx, hoarſeneſs, dry cough, ſenſation of ſtraitneſs, ſoreneſs and dryneſs in the trachea, and ſlight pain under the ſternum, heat and ſenſation of fullneſs of the eyes; ſlight fever, which increaſes in the evening, along with the other ſymptoms, and remits towards morning with a gentle ſweat,

diſturbed

diſturbed ſleep, loſs of appetite, (though it is often, in the beginning, unuſually keen), loſs of ſmell, taſte, and hearing, coſtiveneſs, coldneſs of the extremities, frequent ſtimulus to paſs urine, blood with a buffy coat.—It commonly affects the different parts of the mucous membrane ſucceſſively. Though the fever is commonly inflammatory, yet it has been conjoined with other fevers, and with petechiae, eſpecially when it has been epidemic.

284. It is ſeldom dangerous of itſelf, when the conſtitution is ſound, and the patient not far advanced in life; but, when it is neglected, or continues long, it brings on obſtructions in the lungs, haemoptoe, *phthiſis pulmonalis*, and a diſpoſition to future catarrhs. It ſometimes terminates in violent angina or peripneumony, or induces an inflammation of latent tubercles of the lungs. —It often brings on a *peripneumonia notha* in old people.

285. It

285. It terminates favourably by a ſweat, ſometimes by a diarrhoea, or great diſcharge of urine, but generally, by the diſcharge from the noſe diminiſhing, becoming thicker, and leſs acrid, and by the cough becoming looſe, with an eaſy and copious expectoration, which often ſeems purulent, though there be no abſceſs or ulceration.—A puſtular or ſcabby eruption, about the noſe and mouth, is a ſymptom of the diſeaſe going off.

286. Prediſponent cauſes are,

1. A relaxed and irritable habit.—The long continued application of heat, eſpecially warm air, warm drink.

2. What diminiſhes the *vis vitae*, and the propelling powers of the circulation.—Great evacuations, previous diſeaſes, debauches, all the depreſſing paſſions.

3. Narrow cheſt, long neck, deformity.

4. Previous catarrhs, unſound lungs.

5. Climate, where the ſtate of the air with reſpect

reſpect to heat and cold, is ſubject to ſudden changes.—Spring and autumn.

287. Occaſional cauſes are,

1. Sudden application of cold to the body when it is warm.—What are the effects of moiſture by itſelf, or when conjoined with cold?

2. A certain ſtate of the air rendering it epidemic.

3. Contagion.

4. Particular diſeaſes that ſpecifically affect the mucous membrane.—Exanthemata, particularly meaſles.

288. In the beginning of the catarrhal fever, there is commonly a ſlight inflammation of the mucous membrane, with little ſecretion, which becomes more copious and leſs acrid as the inflammation ſubſides. Through the whole diſeaſe, there is an increaſed determination of blood to the *membrana Schneiderіana*.—What is the nature of the fluid evacuated from it? and what are the cauſes

of the ſucceſſive changes it undergoes in the courſe of the diſeaſe?

289. On what do the effects of cold, when it acts as an occaſional cauſe, depend; particularly, in regard to its checking perſpiration, and thereby producing a morbid matter in the blood, bringing a ſpaſmodic ſtricture on the ſkin, and increaſing the determination of the blood to the internal parts, and to the mucous membrane in particular? When the diſeaſe proceeds from cold, is any thing abſorbed from the air which acts as a morbid cauſe?

290. The indications of cure are,

1. To take off inflammatory diatheſis and topical inflammation, by bleeding, cooling laxatives, abſtinence, vegetable diet, bliſters.

2. To promote the ſecretion from the mucous membrane, by the ſame remedies, and by emollient gargles, and the ſteams of warm water, pectorals.

3. To

3. To correct the acrimony of the diſcharged fluid, or prevent the irritation it might produce, by mucilages, expreſſed oils, opiates.

4. To reſtore the perſpiration and determination of blood to the ſurface, by diaphoretics, emetics, either by themſelves or joined with opiates, heat of the bed, warm bathing, exerciſe.—When are the warm ſtimulating diaphoretics proper? and when may cold water be allowed as a diaphoretic? When is the patient to be confined to his bed? and when is he to uſe exerciſe in the open air?

291. When the membrane of the noſe and fauces only is affected, bleeding is ſeldom neceſſary, and the diſeaſe ſoon goes off ſpontaneouſly, or with the aſſiſtance of a cool regimen and abſtinence.

292. The prophylaxis depends on avoiding occaſional cauſes, guarding againſt cold by proper cloathing, avoiding warm rooms,

eſpecially warm bed chambers, and warm drink, by regular exerciſe in the open air in all kinds of weather, by the uſe of the cold bath, and by keeping the mind conſtantly and agreeably employed.

HOOPING COUGH.

293. This diſeaſe is a convulſive cough, with a laborious wheezing inſpiration, of a peculiar ſound, that ſeems to threaten ſtrangulation.

294. It is attended in the beginning with all the ſymptoms of a ſlight catarrhal fever, without its own peculiar marks, which do not appear for ſome days, or perhaps for ſome weeks. In the beginning, there is nothing expectorated, except a very ſmall quantity of viſcid mucus, which terminates the paroxyſm. In the progreſs of the diſeaſe, the expectoration becomes thicker and more copious. Juſt before the paroxyſm, there is a tickling about the larynx, which children often

often graſp, and at the ſame time ſtamp violently with their feet. During the paroxyſm, the face becomes turgid with blood, and it ſometimes produces bleeding at the noſe, epilepſy, apoplexy, involuntary emiſſion of urine, foeces, and ſemen, abortion, and ruptures. Sometimes, inſtead of the uſual laborious inſpiration, when the expiration is finiſhed, the patient falls into a faint. In the beginning, it is generally attended with ſome degree of fever, (which has an evening exacerbation), and ſometimes, though rarely, throughout the diſeaſe. The duration and times of return of the paroxyſm are various. Sometimes they return periodically.

295. The duration of the diſeaſe is uncertain, but it is ſeldom leſs than a month, and it goes off gradually, eſpecially on the approach of ſummer.

296. Beſides the immediate bad effects of the paroxyſm, it ſometimes, though rarely, leaves palſy, and impaired memory, and

judgment; but it often brings on hectic fever, infarctions of the lungs, phthisis and rickets.

297. When the paroxysm terminates by vomiting, it is a favourable sign, as the patient, in that case, has a keen appetite, and keeps free from fever.—Bleeding at the nose is commonly of service.

298. It is dangerous, when attended with a permanent dyspnoea or haemoptoe, and when it is combined with the measles, or when it occurs at the period of teething.

299. It is produced,

1. By a certain state of the air which renders it epidemic.

2. By contagion. There seems to be a seminium of it in the habit, as it seizes a person but once in his life, though many escape it altogether. What is the nature of this seminium?

300. Where

300. Where is the ſeat of the diſeaſe? Is it in the mucous membrane of the lungs and trachea? or, is it in the ſtomach? It is evidently accompanied with an increaſed irritability of the lungs, and an increaſed ſecretion from the mucous membrane, at leaſt in the advanced ſtate of the diſeaſe.

301. The indications of cure are,

1. To moderate the ſymptoms, and prevent the immediate danger in the paroxyſm, by bleeding, cool diet, gentle laxatives, vomits, particularly antimonials, bliſters, iſſues, pediluvia, warm bath, opiates. Have pectorals any good effect?

2. To ſhorten the duration of the diſeaſe, by bark, cold bath, change of air. Have any particular medicines a ſpecific effect in ſhortening the duration of the diſeaſe, or removing it at once? Is it ever cured by what makes a ſtrong impreſſion on the mind or nervous ſyſtem? Have caſtor, muſk, or any other antiſpaſmodics, any laſting good effects?

PLEURISY and PERIPNEUMONY.

302. Theſe may be conſidered together, as they are generally combined, as they proceed from the ſame cauſes, and as the method of cure is the ſame in both.

303. A peripneumony is defined, by fever, obtuſe pain under the ſternum or between the ſhoulders, anxiety, dyſpnoea, cough uſually humid, and ſometimes bloody expectoration, pulſe commonly ſoft, and the face fluſhed and a little ſwelled.

304. The other ſymptoms attendant on peripneumony are, a ſenſation of great ſtricture of the breaſt, all the conſequences of congeſtion of blood in the head, hot breath, an ardent deſire to breathe cool free air, the pulſe generally ſoft and full, but ſometimes ſmall and irregular. When both lobes of the lungs are affected, the ſymptoms are very violent, with orthopnoea, exceſſive anxiety, and debility.

305. The ſpurious peripneumony is diſtinguiſhed from the true, by the febrile ſymptoms being leſs violent, by a ſenſation of oppreſſion, rather than pain, at the breaſt, by its reſembling more the catarrhal fever, and affecting chiefly the old and phlegmatic.

306. Pleuriſy is defined, fever with pungent pain in the ſide, cough, which in the beginning is dry, great pain in inſpiration and coughing.

307. In a pleuriſy, the pain may precede the fever, may come on along with it, or may not appear till ſome time after it. The pain commonly ſhoots up to the clavicle and ſcapula. The dyſpnoea ſeems to be occaſioned by the pain in inſpiration, rather than by any difficulty in expanding the lungs. The cough, in the progreſs of the diſeaſe, generally turns moiſt. The pulſe is commonly hard and quick; but it is extremely

ly various and fallacious. Is the pleuriſy moſt frequent in the right-ſide?

308. A ſpurious pleuriſy is diſtinguiſhed by the part affected being ſore to the touch, by the want of cough, or the cough continuing without any expectoration; and ſometimes by an external tumour and redneſs.

309. The ſymptoms of inflammation of the pericardium are, pain in the region of the heart, dyſpnoea, great oppreſſion, anxiety, palpitation of the heart, irregular pulſe, fainting; though this laſt ſymptom is ſometimes wanting.

310. Inflammation of the diaphragm is known by exceſſive pain in the part affected, eſpecially in inſpiration, or in the effort to paſs the foeces or urine.—Is there any peculiar delirium, hiccup, ſneezing, or *riſus ſardonicus*, that attends it?

311. Are

311. Are there any certain marks of an inflammation of the mediaſtinum, or of what is called a *dorſal pleuriſy?*

312. In all theſe inflammations of the breaſt, the uſual ſymptoms of inflammatory fever are preſent, and the blood is ſizy; but they are ſometimes attended with putrid fever.

313. A reſolution of the inflammation is attended by,

1. A copious and free expectoration, often a little bloody.

2. Thick urine, which ſometimes ſeems purulent.

3. Sweat.

4. Bleeding at the noſe, piles, menſes.

5. Diarrhoea.

6. Cutaneous eruptions.

7. Abſceſſes.—Are the critical days commonly obſervable?

314. Some-

314. Sometimes there is a tranſlation of the diſeaſe to the abdominal viſcera, but more frequently to the head.—Theſe tranſlations are commonly fatal.

315. The ſigns of ſuppuration are, a remiſſion of the pain, without any expectoration, continuance of the dyſpnoea, ſlight irregular ſhiverings, hectic fever, partial ſweating about the head and breaſt, dry cough, which is increaſed by motion, and after eating, greateſt eaſe when lying on the affected ſide; ſometimes ſudden ſhooting pains of the breaſt.

316. The effects of the breaking of the abſceſs may be inſtant ſuffocation, a purulent ſpitting, empyema, phthiſis pulmonalis, an abſorption of the purulent matter, which is ſometimes carried off by diarrhoea, urine, or depoſition on ſome other part of the body. Sometimes an abſceſs makes its way to the abdomen, or to the ſkin, and breaks externally.—Are there any certain ſymptoms of

empyema,

empyema, beſides fluctuation? Is the ſide where the matter lies more prominent and warmer than the other?

317. A peripneumony often terminates, when it proves fatal, in a particular kind of effuſion in the lungs, which gives them the appearance and conſiſtence of liver. It terminates ſometimes in a ſerous effuſion, producing a *hydrops pectoris*.

318. A gangrene is known to have come on by a ſudden remiſſion of the pain, black ichorous expectoration, quick, feeble, irregular pulſe, coldneſs of the extremities, cold ſweats, *ſubſultus tendinum*, delirium, and ſometimes lividity of the ſide.

319. Schirrous tubercles, or adheſion of the lungs to the pleura, are known by a dry cough, which is increaſed after eating and by motion, dyſpnoea, eſpecially in going up an aſcent, without ſigns of ſuppuration. Adheſion of the lungs to the pleura ſeem to be

the

the conſtant conſequents of the diſeaſe, and are not dangerous.

320. Prediſponent cauſes are,

1. A tenſe ſyſtem of fibres, with denſe blood.—It is moſt frequent among labouring people—Women are ſeldom affected with it, nor thoſe ſubject to acid eructations.

2. Unſound lungs from previous diſeaſes, bad conformation of the cheſt, tubercles, &c.

3. Winter and ſpring ſeaſon.

4. The period of life from puberty to old age.

321. Occaſional cauſes are the ſame with thoſe of inflammatory fever, article 68. along with ſuch as determine the blood in greater quantities to the breaſt.

1. External violence, great exertion of the organs of reſpiration.

2. A certain ſtate of the air rendering it epidemic—ſudden changes of the weather, cold, dry, northerly winds.

3. Metaſtaſis

3. Metaſtaſis from angina, gout, hepatitis, &c.

322. Diſſections of thoſe who have died of peripneumony and pleuriſy have diſcovered inflammation, ſuppuration, gangrene, tubercles in the lungs, a buffy cruſt on their ſurface of a ſolid conſiſtence, adheſions of the lungs to the pleura and other parts contiguous to the inflamed ſurface of the lungs, though thoſe parts were not inflamed themſelves. The pleura has been very ſeldom found affected alone; and, even where the proper ſigns of pleuriſy have attended the diſeaſe, the pleura has been found often quite ſound. There have been diſcovered purulent and ſerous collections in the cavity of the thorax, the lungs of a fleſhy conſiſtence, heavy, and of various colours, from red to pale, the heart enlarged, polypous concretions in the right ventricle and auricle.

323. It would ſeem that the difference of ſymptoms between peripneumny and pleuriſy depend principally upon the parenchymatous part of the lungs being more or leſs affected. Can it be aſcertained, whether the branches of the pulmonary or bronchial artery be affected in peripneumony? and is the queſtion of any importance?

324. The queſtion concerning the ſeat of the pleuriſy and peripneumony is of no conſequence in conducting the cure. Both are uſually inflammatory fevers, and to be treated as ſuch, though they are ſometimes combined with putrid fever.—Inflammations of the mediaſtinum, diaphragm, &c. muſt be treated on the ſame general principles.

325. The indications of cure are,

1. The ſame as in inflammatory fever, art. 72.

2. To take off the determination to the lungs, by general and topical bleeding, laxatives, clyſters, warm bathing, pediluvia, diaphoretics,

aphoretics that do not heat nor ſtimulate, bliſters.

3. To promote any critical evacuation or metaſtaſis, but particularly to promote expectoration, by the remedies juſt mentioned, and by expreſſed oils, mucilages, emollient, and ſometimes gently ſtimulating pectorals, breathing over the ſteams of hot water, mild emetics, antimonials, external emollient, and anodyne applications.

4. To relieve particular ſymptoms, pain, dyſpnoea, cough; by opiates, a bandage round the cheſt, and moſt of the remedies already mentioned.

326. When it is attended with putrid fever, and even in ſome epidemic pleuriſies, where there are no marks of putreſcency; and in ſpurious peripneumony, bleeding, to any conſiderable quantity, is improper.

PHTHISIS PULMONALIS

327. Is defined a ſlow waſting of the bo-

dy, with a hectic fever, cough, dyſpnoea, and generally purulent expectoration.

328. The ſymptoms of phthiſis, in the beginning, are very various, according as it is the conſequence of catarrhal fever, peripneumony, haemoptoe, &c. When it is not the effect of any of theſe, but comes on gradually, the firſt ſymptoms are, a dry cough, ſlight hoarſeneſs, ſenſation of ſtricture or oppreſſion in the breaſt, dyſpnoea, eſpecially in going up an aſcent, remarkable redneſs and cleanneſs of the tongue, a peculiar clearneſs and bluiſh colour of the *tunica albuginea*, irritability of the mind.

329. Theſe ſymptoms increaſe by degrees, along with a conſtant frequency of pulſe, hectic heats, and fluſhings after eating, increaſe of the fever in the evening, along with oppreſſion and diſturbed ſleep, remiſſion of the fever towards morning by a ſweat, which at firſt affects only the head and breaſt.—The ſpitting becomes more copious,

and

and is of different taſtes and appearances, ſweet, ſaltiſh, purulent, bloody, &c. It ſometimes ſeems to be mixed with pieces of the lungs. By what marks can purulent ſpitting be diſtinguiſhed from mucous? Does purulent ſpitting neceſſarily infer ulceration? The patient is often not able to lie on one ſide, as it increaſes the cough and dyſpnoea, and often occaſions conſiderable pain. There is ſometimes a ſlight pain in the ſide, from which the patient diſtinctly feels the matter which he expectorates to proceed. The blood has uſually a buffy coat.

330. Though the patient's ſtrength declines apace, yet he ſeldom apprehends himſelf to be in any immediate danger, owing perhaps to his being free from pain, ſickneſs, or depreſſion of ſpirits, and to his poſſeſſing the faculties of his mind in their natural vigour.

331. A total ſtopping of the expectoration, or a colliquative diarrhoea, indicate the

approach of death. The diſeaſe is moſt fatal in ſpring and autumn. When there is great purulent expectoration, and the ſubſtance of the lungs waſting faſt, there is ſeldom any haemoptoe.—How is this to be accounted for?

332. The prediſponent cauſes are,

1. Hereditary diſpoſition.

2. Particular conformation, a narrow cheſt, prominent ſhoulders, long neck, deformity.

3. Particular temperament, thin habit, ſcrophulous diſpoſition, peculiar delicacy of complexion, white ſoft ſkin, weak voice, diſpoſition to hoarſeneſs on ſlight occaſions, uncommon ſenſibility and quickneſs of parts, diſpoſition to haemorrhages.

4. Age from puberty to thirty-five.

333. The occaſional cauſes are,

1. All the cauſes of catarrhal fever and peripneumony, as thoſe diſeaſes often terminate in phthiſis.

2. Whatever

2. Whatever tends to produce inflammatory diatheſis, congeſtion of blood, and obſtructions in the lungs, which are often followed by haemoptoe and tubercles;—external injuries, calculi; whatever ſtraitens the cheſt, plethora, ſcrophula, ſyphilis, intermittent fevers, aſthma, cough.

3. Infection.—It is an endemic diſeaſe of Great Britain.

334. The diſeaſe ſeems generally to proceed from tubercles which inflame and ſuppurate. If the matter be contained in one cyſt, it is ſometimes ſpit up, and the patient recovers, eſpecially if the cyſt be ſpit up along with the matter. But there is commonly a number of ſuch abſceſſes which break ſucceſſively, and occaſion a conſtant purulent ſpitting. If the matter be very acrid, it produces an eroſion, ulceration, and quick conſumption of the lungs.

335. Does the rupture of a blood-veſſel in the lungs, from any ſudden cauſe, induce

a phthiſis, if the lungs are quite ſound? Whence proceed the hectic fever and colliquative ſweats? Theſe often happen previous to any purulency.—In a vomica, where the pus is confined in a cyſt, is it probable that there is a daily abſorption of the matter into the blood? Why are ulcers in the lungs ſo difficult of cure?

336. To what ſhall we attribute the danger of phthiſis, attended with real purulency?

337. The indications of cure are,

1. To remove inflammatory diatheſis, which commonly prevails in the beginning of the diſeaſe, by whatever tends to obviate plethora, a milk and vegetable diet, with a total abſtinence from animal food and fermented liquor, by diminiſhing the quantity of food;—frequent but ſmall bleedings, keeping an open belly, and avoiding every thing heating or ſtimulating, either

ther to the ſyſtem in general, or to the lungs in particular.

2. To take off the determination to the lungs, by whatever increaſes perſpiration, without heating the patient; regular exerciſe, long continued, and of ſuch a kind as not to require any conſiderable exertions of ſtrength, riding on horſeback, (during the remiſſion of the hectic fever,) ſailing, warm cloathing, flannel ſhirt, country-air, temperate or warm climate, where the weather is not variable, and where conſumptions are ſeldom found; bliſters, ſetons, eſpecially in the ſide affected; ſometimes gentle emetics.

3. To mitigate the ſeverity of particular ſymptoms, cough, difficult expectoration, diarrhoea, &c. by mucilaginous medicines, opiates, and ſometimes ſtimulating pectorals.

338. On what foundation of reaſon or experience is the general practice founded, of giving what are called Vulneraries and Balſamics in conſumptions? In what caſes

can fumigations, Peruvian bark, mercury, or mineral waters, be preſcribed with any proſpect of advantage? What are the effects of moiſt air in conſumptions? When is it proper to perform the operation of the empyema?

HEPATITIS

339. Defined, fever with pain and tenſion of the right hypochonder, dyſpnoea, dry cough, pain in lying on the left ſide, often hiccup, and vomiting.

340. The pain is ſometimes very acute, but often ſo dull as ſcarcely to be felt. If the convex part of the liver be affected, the pain is much increaſed in reſpiration, and extends to the clavicle and top of the ſhoulder, and is increaſed by preſſure. If the concave part be affected, the cough and dyſpnoea are leſs violent, but there is greater ſickneſs and vomiting, and often a hiccup. It is frequently attended with bilious vomiting,

vomiting, bilious ſtools, and a yellowiſh colour of the face. When the pain is acute, the pulſe is hard; otherwiſe it is ſoft.

341. When the inflammation is not reſolved, it terminates in ſuppuration or ſchirrus. If the external membrane of the liver be inflamed, an adheſion is formed to the contiguous parts, to the peritonaeum, diaphragm, ſtomach, colon, &c.; and hence, when an abſceſs is formed, the matter may force its way to the ſkin, or into the thorax, colon, &c.; ſometimes the matter paſſes off by the biliary ducts, and ſometimes into the abdomen.—A great part of the liver is ſometimes conſumed by ſuppurations, without any haemorrhage. Suppurations are often found where no previous inflammation had been ſuſpected. A large ſchirrous tumor of the liver may continue a long time, without any dangerous conſequences.

342. A great inflammation of the liver is uncommon, but partial and ſucceſſive inflammations and ſuppurations, in conſequence of ſchirrous tubercles or calculi in the biliary ducts, are frequent. Is it poſſible to know whether the diſeaſe ariſes from any morbid affection of the *vena portarum*, or of the hepatic artery?

343. The general plan of cure is the ſame as in pleuriſy—by bleedings, laxatives, clyſters, fomentations, topical bliſters, and promoting an external ſuppuration when the abſceſs points outwards. It is ſaid, that in the hepatitis, which is common in the Eaſt Indies, after general evacuations, mercury has the beſt effects.

GASTRITIS

344. Defined, fever, heat, tenſion, and acute fixed pain in the epigaſtric region, increaſed by taking any thing into the ſtomach,

mach, anxiety, nauſea, vomiting of whatever is received by the ſtomach, hiccup.

345. It is often attended with delirium, dyſpnoea, various ſpaſmodic affections, coſtiveneſs, and ſometimes ſuppreſſion of urine. The attendant fever is generally inflammatory, rarely putrid. The pulſe is commonly ſmall, hard, and irregular.

346. The occaſional cauſes are,

1. Acrid ingeſta—poiſons, violent emetics or cathartics.

2. Large draughts of cold drink, eſpecially of ſour fermented liquor, when the body is very warm.

3. Acrid contents of the ſtomach—often ſuppoſed to be acrid bile.

4. Repelled gout or exanthemata.

5. The general cauſes of inflammation.

347. When the inflammation is not reſolved, it terminates commonly in grangrene

or ſuppuration. An abſceſs has ſometimes been formed externally.

348. The ſame general indications of cure take place in this as in other inflammations. Large and repeated bleeding (if the fever is not of the putrid kind) is neceſſary, and frequent emollient clyſters, as laxatives, and for the purpoſes of nouriſhment and dilution; fomentations, bliſters above the part affected. If any thing be ſwallowed, it ſhould be perfectly mild, and of a proper heat.

349. If it has ariſen from any acrid ingeſta, or acrid contents of the ſtomach, the indications are,

1. To expel them by emetics or laxatives, (if the inflammation be not far advanced) or by drinking copiouſly demulcents, oily mucilaginous liquors, which likewiſe ſerve the purpoſe of dilution, and of defending the coat of the ſtomach.

2. To

2. To correct the poiſon by ſpecific antidotes.

350. If it ariſes from repelled gout or exanthemata, the indication is, To bring the gout on the extremities, or to reſtore the cutaneous eruption.

ENTERITIS

351. Defined, an acute fever, attended with a violent fixed pain, heat, and tenſion of the abdomen.

352. The pain is generally in the umbilical region, and comes in ſevere ſhoots, along with the general ſigns of inflammatory fever, ſickneſs, vomiting, obſtinate coſtiveneſs, (tho' ſometimes a diarrhoea,) ileus; quick, hard, ſmall pulſe, hiccup, borborygmi, conſtriction of the anus, ſtrangury, ſoreneſs of the belly to the touch, ſpaſmodic contraction of the abdominal muſcles.

353. If not quickly removed, it terminates ſpeedily in gangrene, which is uſually known by a ſudden remiſſion of the pain, black foetid ſtools, ſwelling and hardneſs of the belly, change of the countenance, lividity about the lips, a ſmall, weak, intermittent pulſe, and the other ſymptoms mentioned art. 239. (1.) A gangrene of the inteſtines often happens unexpectedly, when the ſymptoms of the preceding inflammation had been very ſlight. This gangrene is rarely attended with delirium. The inflammation ſeldom terminates in ſuppuration or ſchirrus. The diſeaſe leaves the patient remarkably weak.

354. The prediſponent cauſes are the ſame with thoſe of inflammatory fever.—The decline of life.

Occaſional cauſes are,

1. Thoſe of inflammatory fever.

2. Acrid ingeſta, poiſons, ſtrong cathartics.

3. Acrid

3. Acrid matter in the inteſtines, from an internal cauſe;—acrid bile, dyſentery.

4. Whatever produces an obſtruction in the alimentary canal;—tumors, coſtiveneſs, ſpaſmodic ſtricture, herniae, intus-ſuſception of the gut; metaſtaſes from other diſeaſes,—gout.

355. Diſſections have diſcovered inflammation, gangrene, ſuppuration, membranous cruſt on the ſurface of the inflamed viſcera, adheſions of them to the contiguous parts, obſtruction in the cavity of the inteſtines, which are greatly diſtended with flatus and foeces above the obſtructed part, intus-ſuſception, conſtriction and twiſtings of the inteſtines.

356. The indications of cure are,

1. The ſame as in inflammatory fever.

2. To remove remote cauſes, eſpecially coſtiveneſs, by large bleedings, repeated clyſters, cathartics that do not heat nor ſtimulate,

mulate, fomentations, ſemicupium, topical bliſters, ſudden affuſion of cold water.

3. To palliate particular ſymptoms, eſpecially pain, by warm bathing, opiates.

NEPHRITIS

357. Is defined, an inflammatory fever, pain in the region of the kidney, frequent paſſing of urine, which is either very high-coloured or limpid like water, (though ſometimes it is ſuppreſſed,) vomiting, ſtupor of the limb, and retraction or pain of the teſticle of the ſide affected.

358. The pain ſometimes ſtretches along the ureter and down the thigh, and is commonly attended with nauſea, flatulency, dyſury, and ſometimes with colick pains. The patient lies moſt eaſily on the affected ſide. It terminates favourably, by a diſcharge of thick urine, ſweat, piles. It terminates unfavourably, as appears by diſſections, in gangrene, ſuppuration or ſchirrus, which

are known by the ſymptoms formerly mentioned. The conſequences of ſuppuration are various. A ſuppuration in the kidney, and a *tabes renalis* ſometimes take place, without any remarkable ſigns of previous inflammation; and, tho' the whole kidney be conſumed, no haemorrhage is produced. A lameneſs of the leg is ſometimes the conſequence of the kidney becoming ſchirrous. Though the diſeaſe affects only one kidney, the other ſeems to be affected by a ſpaſmodic ſtricture.

359. It is a rare diſeaſe, except when it is the conſequence of calculi, and very ſeldom occurs but in the decline of life. The occaſional cauſes, beſides the general cauſes of inflammatory fever, are,

1. External injuries.

2. Calculi.

3. Acrid diuretics.—Are not ſome cauſes aſſigned for nephritis, from a ſuppoſition that they might produce it, but without any

direct experience that ever they did produce it?

360. It is ſuppoſed not to proceed from calculi, when the fever and pain begin about the ſame time; when the fever has no remarkable remiſſions, when there is no ſtupor of the leg nor retraction of the teſticle, and when there have been no previous ſymptoms of the calculous diatheſis. It is ſometimes difficult to diſtinguiſh it from an enteritis, unleſs by the ſeat of the pain, and an attention to the remote cauſes.—The ſmall pulſe and obſtinate coſtiveneſs which occur in enteritis, are wanting in this diſeaſe. It ſhould be diſtinguiſhed from hepatitis and lumbago.

361. The general indications of cure are the ſame as in other phlegmaſiae, and depend chiefly on general and topical bleeding, repeated emollient and laxative clyſters, cooling cathartics, mucilaginous drinks, ſemicupium,

micupium, opiates. Can bliſters be applied ſafely?

RHEUMATISM

362. Is defined a pain, which chiefly affects the great joints, and the muſcles belonging to them, and commonly proceeds from an evident external cauſe. It is either attended with inflammatory fever, and then is called the *acute* rheumatiſm, or is without fever, and is called *chronic* rheumatiſm.

363. An acute rheumatiſm begins with the uſual ſymptoms of inflammatory fever. In a day or two, the pains begin to affect various parts of the body, particularly the ſhoulders, knees, and wriſts, though ſometimes theſe pains exiſt from the beginning. They often ſhift, are moſt ſevere in the night, are exaſperated by the ſlighteſt touch, and ſometimes affect the whole joints, ſo as to render the body immoveable.—The pain is often attended with redneſs and ſwelling

of the part.—The urine is commonly high-coloured, but often with a natural ſediment; the belly is coſtive, (as it is in moſt diſeaſes attended with great pain,) and there are frequent glutinous ſweats, which give no relief, but the parts moſt pained ſeldom ſweat, eſpecially if the ſweating be forced. The fever has no regular type. The head is generally clear; there is no depreſſion of ſpirits, no ſickneſs nor internal diſtreſs of any kind. The blood is commonly remarkably ſizy, eſpecially in the advanced ſtate of the diſeaſe.

364. The pains often remain when the fever is gone off, and ſometimes turn worſe. —Its duration is uncertain.—It generally goes off gradually, without any ſenſible criſis, ſometimes is removed or relieved by a ſweat, haemorrhage, great diſcharge of urine, ſalivation, cutaneous eruptions and ulcers, rarely by a diarrhoea. It never terminates in ſuppuration or gangrene, but ſometimes there is a ſerous or gelatinous effuſion.

365. In the chronic rheumatiſm, the pains are equally ſevere, and the blood equally ſizy, but there is no ſwelling nor redneſs.—When it continues long, it ſeems to induce a ſlight degree of paralytic affection on the part. It is not dangerous, unleſs (which is very rare) there is a metaſtaſis to the viſcera, but it is often obſtinate, and apt to recur.

366. The lumbago is a fixed acute pain in the loins, not ſore to the touch, ſometimes ſtretching to the *os ſacrum*, and along the ureters, ſo as to reſemble a nephritic paroxyſm. The patient cannot lie in bed, but is continually moving his body backwards and forwards, and cannot, without the moſt violent pain, attempt to ſtand erect.

367. The iſchias is a violent fixed pain in the hip-bone and *os ſacrum*, often ſtretching down the limb. It is ſeldom attended with fever; ſometimes, though very rarely, a ſuppuration happens in the joint, and a

luxation. It is the moſt obſtinate ſpecies of rheumatiſm, and reſembles moſt the gout, particularly in its alternating ſometimes with ſtomach-complaints.

368. Rheumatic pains muſt be diſtinguiſhed from ſuch as are venereal, ſcorbutic, nervous, or gouty.

369. The prediſponent cauſes are,

1. Cold climate, and where the ſtate of the air is very variable.—Why is it more peculiar to cold climates than other fevers attended with topical inflammation?

2. Spring and autumn.

3. Plethora, ſanguine temperament, the period between puberty and the decline of life.

4. Whatever has debilitated and relaxed the ſyſtem, and rendered it more irritable—great evacuations, living much in warm rooms, mercurial ſalivation, in which the patient has been kept very warm.

5. Previous rheumatiſm.

370. The

370. The occaſional cauſes are the ſame with thoſe of catarrhal fever, chiefly the ſudden application of cold when the body is warm, and ſometimes a ſudden change of weather from cold to warm.

371. The proximate cauſe is, an inflammation of the membranes and tendinous aponeuroſes of the muſcles, and ſometimes of the ligaments.

372. There ſeems to be a ſuppreſſed perſpiration and ſpaſmodic ſtricture on the ſkin, at leaſt in the beginning of the diſeaſe, and the inflammatory diatheſis prevails through the courſe of it. Is the blood vitiated, in regard to its conſiſtence, or other qualities? The ſame apparent prediſponent and occaſional cauſes produce acute and chronic rheumatiſm, catarrhal fever, pleuriſy, &c. Whence do theſe different effects ariſe? Why does the inflammation in rheumatiſm never terminate in ſuppuration or gangrene?

373. The indications of cure in acute rheumatiſms are,

1. To remove the general inflammatory fever, by bleeding, cooling laxatives, the antiphlogiſtic regimen, diaphoretics that do not heat nor ſtimulate, as nitre, *ſpiritus mindereri*, &c. antimonials.

2. To relieve the topical affection, by topical bleeding, fomentations, poultices, vapour-bath, opiates, every contrivance to facilitate motion, without increaſing pain.

374. In the chronic rheumatiſm, the indications of cure are,

1. To promote a diaphoreſis by antimonials, and ſometimes by medicines that may ſtimulate more than would be proper in acute rheumatiſm, gum-guajac, muſtard, &c. opiates, joined with emetics, mineral waters, particularly Bath and Buxton, warm bath, warm climate, cold bath, flannel-ſhirt.

2. To relieve the local affection by topical bleeding, topical bliſtering, frictions, application of fur or ſoft flannel, warm ſtimulating

lating applications, aether, exercise, particularly riding, exercise to the part affected.

375. Is large and repeated general bleeding necessary in acute rheumatism? Is it proper to attempt the cure of either acute or chronic rheumatism by forcing profuse and long continued sweats, either by sudorific medicines, or by keeping the patient in a hot room, and loaded with cloaths? Are repellent or narcotic external applications safe? What are the effects of issues, mercury, soap, mineral waters, bark, electricity, goat-whey?

GOUT

376. Defined, pain affecting the joints, especially those of the feet, not constant, but returning by paroxysms.

377. It is distinguished into the regular and irregular.—The first makes its attack in severe paroxysms, affects chiefly the foot, especially

eſpecially the joint of the great toe, and, when the paroxyſm is over, the patient is left in perfect health. This is uſually the caſe when it ſeizes before the decline of life, while the conſtitution is ſound and vigorous. —In an Irregular gout, the pain and ſwelling are leſs conſiderable; but the conſtitution, eſpecially the nervous ſyſtem and alimentary canal, is more diſordered, both before and during the paroxyſm, and the intervals between the fits are ſhorter.

378. In the regular gout, the patient is ſometimes ſeized ſuddenly, without any warning, when ſeemingly in the moſt perfect health; but the fit is often preceded by ſome of the following ſymptoms: Loſs of appetite, acidity in the ſtomach, flatulency, indigeſtion, coſtiveneſs, various diſorders of the nervous ſyſtem, a general languor, a ſenſation as if cold water was trickling down the thighs; ſometimes a keen appetite the day before the fit, and a ſwelling of the veins of the leg.

379. The

379. The patient is generally waked about mid-night with a violent pain in the foot, often attended with chillineſs and ſhivering, which are ſucceeded by ſome degree of fever. The duration, degree, and kind of pain are various; but it commonly remits towards morning, and then the patient falls aſleep, and a gentle moiſture comes out all over the body, as well as on the parts pained, which then appear ſwelled and red. In general, the pain remits when the part ſwells.

380. The patient continues eaſier thro' the day; the pain, with ſome degree of fever, increaſes towards evening, and, after a reſtleſs night, they remit in the morning with a gentle diaphoreſis.—The pain, after being for ſome time fixed in one place, ſhifts to another, and in this way viſits moſt parts of the foot, and in a few days removes to the other foot.—While the conſtitution continues vigorous, the knees and wriſts are ſeldom affected.—The urine is high

high coloured, and not in the uſual quantity; but, in the decline of the fit, it becomes copious, with a large ſediment.—The appetite is impaired, and the belly coſtive.—Blood, drawn during the paroxyſm, has uſually a buffy coat.

381. During the fit, there is uſually an uncommon flow of ſpirits and clearneſs of underſtanding, notwithſtanding the patient's want of ſleep.

382. When the fit goes off, the parts affected become itchy, the cuticle ſcales off, and a lameneſs is left, proportioned to the ſeverity and duration of the diſeaſe.

383. The duration of the fit is uncertain; but, in general, when the pain is moſt violent, it is of the ſhorteſt continuance, and the interval between the fits is longeſt. The interval is generally a year, but ſometimes two or three years.

384. In

384. In feeble or broken conſtitutions, or when the diſeaſe has been of long duration, the paroxyſms become leſs ſevere, but continue longer, and the diſeaſe becomes more moveable. The many diſorders which, in thoſe caſes, affect the alimentary canal, head, breaſt, and nervous ſyſtem, and which alternate with pains and ſwellings of the joints, conſtitute what are called Anomalous or Wandering gouts, which often prove fatal. The morbid affections of the viſcera, in ſuch caſes, are ſometimes inflammatory, and attended with fever, ſometimes are merely ſpaſmodic.

385. People who have the gouty diatheſis have often ſlight attacks of the diſeaſe which do not diſable them from walking, and which go off in a few days ſpontaneouſly, or in conſequence of exerciſe, evacuations, or a low diet.

386. When the gout has made its attack early, it ſometimes ceaſes altogether about the

the age of fifty.—The paroxyſms are ſeldom ſevere, when the diſeaſe does not come on before the decline of life.

387. After a regular fit of the gout, the patient enjoys perfect health, and gets free from many complaints he had before been ſubject to.—It has ſometimes removed epilepſy, and other nervous diſorders, aſthma, dropſy, *gutta ſerena*, intermittent fevers, nephritic and ſtomachic complaints, and ſometimes alternates with theſe diſorders.

388. When it has continued long, it often produces chalky concretions, weakneſs, rigidity of the joints, and ſometimes abſolute lameneſs.

389. It is not dangerous when confined to the extremities, but often proves fatal upon a ſudden receſſion of the pain and ſwelling, and the diſeaſe falling upon the viſcera, or where, from a deficiency of vigour in the conſtitution, or other cauſes, the viſcera alone are affected.

390. It

390. It is diſtinguiſhed from the rheumatiſm by the following circumſtances.

1. The pain is more confined to the joints of the extremities, is leſs apt to ſhift, and, when it does ſhift, it is more frequently to the correſponding limb, or to the internal parts. The pains are more ſhooting, and more generally attended with redneſs and ſwelling.

2. It is hereditary.

3. It chiefly attacks men, and thoſe of a particular temperament and make of body; thoſe of a large ſize, and who are advanced in life.

4. It is produced by internal cauſes, leſs obvious than thoſe which produce rheumatiſm.

5. It is generally preceded by diſorders of the alimentary canal and nervous ſyſtem, and often alternates with theſe and other internal diſeaſes.

6. It often proves a ſalutary criſis to many diſorders.

7. It is more apt to return at ſtated ſeaſons.

8. It may be diſtinguiſhed by a known preceding gouty diatheſis.—The gout and rheumatiſm, however, are often complicated together.

391. The prediſponent cauſes are,

1. An hereditary diſpoſition.

2. The meridian or decline of life, unleſs the hereditary diſpoſition or exciting cauſes be very powerful, and bring it on ſooner.

3. Plethoric habit of body, large ſize.

4. Male ſex.

5. Early venery.

6. Irritable nervous ſyſtem.—Is it connected with any peculiar ſenſibility of mind, or acuteneſs of the mental faculties?

392. The occaſional cauſes are,

1. Irregularities in regimen;—exceſs in eating, eſpecially what is heating and ſtimulating, immoderate uſe of fermented liquors, whatever produces indigeſtion or acidity in the

the ſtomach, ſudden changes of diet, but above all, the neglect of proper exerciſe.

2. Suppreſſion of uſual evacuations.

3. External injuries.—Strait ſhoes, ſprains, contuſions, exceſſive fatigue in walking.

4. Spring ſeaſon, and the end of autumn.

5. Violent emotions of mind, tho' theſe ſometimes cure it;—immoderate ſtudy, late hours.

6. Sudden application of cold to the body when it is overheated.—It is never epidemic.—Is it ever contagious? Has any particular diet, or drink, or medicine, a ſpecific effect in producing the gouty diſpoſition, or bringing on a fit of the gout?

393. The gout is not merely a local diſeaſe, but a diſeaſe of the ſyſtem.—The prediſpoſition to it is ſometimes brought into the world with the patient, but is more frequently produced by intemperance and indolence. Is the gout ever ſuddenly produced by an occaſional cauſe, where no ſuch prediſpoſition has exiſted?

394. It has been generally thought to proceed from a ſeparation of ſome morbid matter from the fluids, and a depoſition of it on the joints. This morbid matter has been ſuppoſed by ſome to exiſt in the blood, and the nature of it has been variouſly ſpecified, as proceeding from acid, alcaline, and other kinds of acrimony, from lentor, from a ſuperabundance of earthy or tartareous particles, and from a pituitous tenacity.—Others have ſuppoſed a certain acrimony or lentor of the nervous fluid to be the proximate cauſe of the gout. On what foundation are theſe hypotheſes built?

395. Some have referred the proximate cauſe to a diſorder in the nervous ſyſtem, but without attempting to ſpecify what this diſorder is. Others have ſuppoſed that the occaſional cauſes act by debilitating the nervous power, and that a gouty paroxyſm is produced by an increaſed action of the heart and arteries, which they conſider as excited in conſequence of a law of the ſyſtem,

tem, by ſome latent power in the conſtitution, in order to remove this debility or atonia.—How is this hypotheſis ſupported?

396. Where is the ſeat of the diſeaſe? What is the nature of the tophi? Why are the feet chiefly affected? Are gouty people (while the conſtitution is vigorous, and the paroxyſms regular) leſs ſubject than others to epidemic and other diſeaſes, except catarrhal complaints and thoſe of the alimentary canal and urinary paſſages?

397. The general views in the treatment of the gout are: 1. To prevent the fits; or to make the intervals between them as long as poſſible.—But if the gout itſelf has been critical, and proved a cure for a worſe diſeaſe, the paroxyſms are to be encouraged. —As the nature of the prediſponent ſeminium and the proximate cauſe are not aſcertained, the indications of cure muſt refer to the occaſional cauſes, and to what experience has ſhewn to be uſeful. 2. To miti-

gate the ſeverity of the fit, and ſhorten its duration.

398. In the cure of the gout two caſes are to be carefully diſtinguiſhed. 1. Where the conſtitution is ſound and vigorous, where the fits are ſevere and regular, and where there is a tendency to plethora and inflammatory diatheſis. 2. Where the conſtitution is debilitated and diſeaſed; the fits irregular; the alimentary canal, head, breaſt, and urinary paſſages, affected with various complaints alternating with fits of the gout. The method of cure in theſe two caſes is very different, both in the intervals and during the fit.—It is abſurd to ſuppoſe that any one regimen, or any one medicine, can be univerſally uſeful in the gout.

399. In the caſe art. 398. n. 1. the indications in the intervals of the fits are, to avoid occaſional cauſes, and to obviate their conſequences, particularly plethora and inflammatory diatheſis, by, 1. A cool regimen; either a total milk and vegetable diet,

or the moſt moderate uſe of fermented liquor, and animal food plainly dreſſed. 2. By gentle evacuations, bleeding, cooling laxatives and diaphoretics, iſſues. 3. Exerciſe, eſpecially walking, frictions, cold bath, and (where the prediſpoſition is very ſtrong) ſevere bodily labour. 4. An eaſy chearful mind. 5. Regular hours in regard to ſleep. 6. Warm climate.

400. In the caſe art. 398. n. 2. the indications during the intervals are, 1. To ſupport the *vis vitae* by the moderate uſe of animal food and wine (which ſhould be regulated by the patients former habits.) 2. To promote an equal diſtribution of the blood, eſpecially to the extremities, and to keep up a free perſpiration by exerciſe, frictions, temperate bathing, warm bathing, and warm pumping, (eſpecially when the joints become ſtiff,) warm cloathing, keeping the legs and feet warm, a warm climate. 3. To obviate debility, indigeſtion, and acidity in the ſtomach, by avoiding the occaſional cauſes of

theſe;

theſe; by the cautious uſe of bitters, adſtringents and aromatics, Peruvian bark, never long continued at a time; teſtacea, lime water, alkalies, Bath and Buxton mineral waters, &c. occaſional emetics, ſtomachic laxatives. 4. To avoid all ſudden changes of regimen.

401. During the paroxyſm the indication is, to mitigate the ſymptoms, without repelling the gout. This may be anſwered in the caſe art. 398. n. 1. by, 1. General and topical bleeding, laxatives and diaphoretics that do not heat nor ſtimulate. 2. Light diet and cool regimen. 3. External anodyne applications, but not long continued, vapour-bath, wool, fur, ſoft flannel.—Are cold applications ever ſafe? 4. The cautious uſe of anodynes in the decline of the paroxyſm.

402. During the paroxyſm in the caſe art. 398. n. 2. it is proper, 1. To uſe a cordial regimen, and to give a particular attention

to

to the ſtate of the ſtomach and bowels. 2. To uſe ſuch external applications as rather tend to invite and detain the gout in the extremities.—Sometimes ſtimulant applications are proper.

403. Are there any ſafe and efficacious external applications for diſſolving the chalky concretions?

404. If the gout attacks the ſtomach with violent pain, flatulence, ſenſation of cold, &c. the warmeſt cordials, and ſometimes opiates, are neceſſary. In this and every other caſe where the viſcera are attacked, all endeavours ſhould be uſed to determine the diſeaſe to the extremities, by frictions, pediluvia, acrid cataplaſms, bliſters, &c.—If it ſeize any of the viſcera, along with fever and the ſymptoms of topical inflammation, it ſhould be treated like any other inflammatory fever affecting the ſame part, while the above-named external applications are uſed to determine the diſeaſe to the feet.